EXHIBIT 613.1

UNITED STATES DISTRICT COURT OF THE SOUTHERN DISTRICT OF WEST VIRGINIA CHARLESTON DIVISION

Kathy McCornack, et al.

Plaintiffs,

vs.

Actavis Totowa, LLC, et al.

Defendants.

THIS DOCUMENT RELATES TO:

Case No.: 2:09-cv-0671

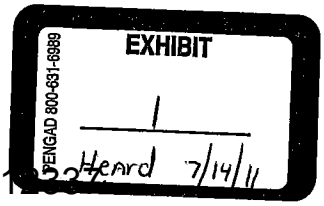
Related MDL Case No.: 2:08-md-1968

AMENDED NOTICE TO TAKE VIDEOTAPED ORAL DEPOSITION AND REQUEST FOR PRODUCTION AND COPYING OF DOCUMENTS AT THE DEPOSITION

TO ALL PARTIES AND TO THEIR ATTORNEYS OF RECORD:

PLEASE TAKE NOTICE that, under Federal Rules of Civil Procedure 26(d), 30 and 45, Plaintiffs will take the deposition of **DR. KENNON HEARD** on **Thursday, July 14, 2011 at 10:00 a.m.** at the offices of TUCKER ELLIS & WEST, Metropoint 1, Suite 1325, 4600 S. Ulster Street, Denver, CO. 80237. Tel: 720-222-5242.

The oral examination will continue from day to day until completed. This deposition will be recorded stenographically and on videotape and will comply with any relevant orders in this litigation. This deposition is noticed in the above-captioned matter for any and all purposes permitted by the Federal Rules of Civil Procedure and any other federal, state, or local rules that apply to this action and the deposition will be taken in accordance with these rules. Pursuant to Federal Rule of Civil Procedure 30(b)(2) and 45(a), Plaintiffs request that Dr. Heard produce for inspection at the time of deposition:



1. The witness' current curriculum vitae or resume.
2. All correspondence and communication between the witness or anyone acting on the witness' behalf, and attorneys representing defendants in this and the MDL Digitek® litigation.
3. All other documents prepared by the attorneys for the defendants and sent to the witness.
4. All documents, including documents and deposition transcripts which refer or relate to this and the MDL Digitek® litigation that the witness received from any source.
5. All retainer agreements or other agreements under which the witness has been or will be paid for work related to this and the related MDL Digitek® litigation.
6. All bills that the witness has rendered to attorneys and law firms in connection with this and the MDL Digitek® litigation.
7. A copy of the witness' entire file, including all electronic documents, and correspondence, in connection with this and the MDL Digitek® litigation.
8. All documents, including additional materials received or reviewed, tangible things, data, or writings that relied upon, examined, considered, or rejected in preparing the reports in this and the MDL Digitek® litigation, or subsequent to preparing his report.
9. Everything the witness reviewed that indicates any person may have ingested defective Digitek®.
10. All notes that the witness has taken in connection with review of this and the MDL Digitek® litigation matters.

11. All documents that the witness has prepared concerning the subject matter of this and the MDL Digitek® litigation.
12. All medical, scientific or other literature on which the witness relies in connection with the opinions expressed in his expert report.
13. All documents, tangible things, data, or writings concerning whether a Digitek® tablet that may have been adulterated may have ever been received by a pharmacist or consumer. This request is not limited to just the Digitek® tablets recalled in 2008 by Defendant Actavis, but to all Digitek® tablets that may have ever been received by a pharmacist or consumer and suspected to be adulterated for any reason.
14. All documents the witness reviewed in preparation for this deposition.

Respectfully Submitted:

Dated: June 30 2011

/s/ Terry Kilpatrick

Terry Kilpatrick (Calif. Bar No. 163197)
Attorneys for Plaintiffs
Ernst Law Group
1020 Palm Street
San Luis Obispo, CA. 93401
Tel: 805-541-0300
Fax: 805-541-5168
E-mail: tk@ernstlawgroup.com

CERTIFICATE OF SERVICE

I hereby certify that on June 30, 2011, I or an employee under my control electronically filed the foregoing document with the Clerk of Court using the CM/ECF system, which will send notification of such filing to all counsel of record.

Dated: June 30, 2011

/s/ Terry Kilpatrick

Terry Kilpatrick (Calif. Bar No. 163197)
Attorneys for Plaintiffs
Ernst Law Group
1020 Palm Street
San Luis Obispo, CA. 93401
Tel: 805-541-0300
Fax: 805-541-5168
E-mail: tk@ernstlawgroup.com

1-4

Confidential
5/20/11

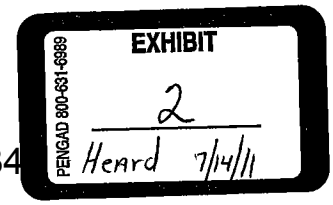
Qualifications: I am a board certified emergency physician and medical toxicologist. As an emergency physician, I diagnose and determine if the cause of a patients symptoms (including cardiac arrest) are due to medications or other underlying diseases. As a practicing medical toxicologist I provide medical care for patients with digoxin poisoning and I have consulted with coroners regarding the interpretation of post-mortem drug concentrations. In my current position as fellowship director at the Rocky Mountain Poison and Drug Center, I am responsible for training physicians and pharmacists about the assessment and treatment of digoxin toxicity. This includes the interpretation of serum digoxin concentrations and the importance of post-mortem redistribution in the interpretation of these measurements. Finally, I have performed extensive research on digoxin poisoning while preparing a chapter for the textbook Medical Toxicology.

Overview of digoxin poisoning
Digoxin is a cardioactive steroid used to treat heart failure and to control the ventricular response (heartrate) in patients with atrial fibrillation. It has been used in various forms for over 200 years. It is a commonly used medication and the vast majority of people who take it do not have any problems.

Digoxin toxicity is complicated. It can occur when a patient takes a large overdose all at once (for example a child who ingests several of a grandparents pills or a person who takes a bottle of pills in a suicide attempt). Patients who ingest a large dose all at once will go from being well to becoming critically ill over a course of several hours.

Digoxin toxicity may occur in a gradual manner if the elimination of digoxin from the body is slowed (which may occur when another medication is added or if the patient's kidney function deteriorates) or if dose is too high. In these cases toxicity is a matter of both dose **and** time. The dose must exceed the body's ability to clear the drug and the excessive dosing must occur for a long enough period that the concentration can reach toxic amounts. Patients are usually sick for several days as the concentration of digoxin in serum increases. The initial symptoms are weakness, nausea and fatigue. This is followed by a slowed heartrate which can become irregular. When toxicity is severe, the patient can go into cardiac arrest.

Facts
Mr. McCornack was a 45 year old male with a long history of atrial fibrillation. He was treated with digoxin 0.25 mg twice daily and diltiazam CD 300/180 mg in the morning/at night to control his heart rate. The digoxin product was Digitek 0.25 mg tablets taken once in the morning and once at bedtime. His other medical



conditions included high cholesterol, gout and obesity and GERD. While not documented as a medical problem, on several visits Mr. McCornack had elevated blood pressure measurements suggesting he also suffered from hypertension. Dr. Lemm and Dr. Van Dollen both characterized Mr. McCornack as hypertensive during their depositions, and hypertension is the most likely cause of the left ventricular hypertrophy noted at autopsy.

In the days leading up to March 22, Mr. McCornack appeared to be in his usual state of health. He was active throughout the day of March 22, had several beers that afternoon and ate a large meal in the early evening. His family reports he took his last dose of medications after dinner (approximately 7 pm).

Around 0030 on March 23rd (approximately 5.5 hours after taking his medications), Mrs. McCornack heard Mr. McCornack breathing irregularly. She found him in cardiac arrest. His time of death was listed as 0053.

At autopsy the remarkable findings were fatty liver, myocardial fibrosis, left-ventricular hypertrophy and coronary artery disease without evidence of transmural myocardial infarction.

A whole blood digoxin concentration obtained from an axillary vein sample 70 hours after death was 3.6 ng/ml (steady state therapeutic range in living humans is 0.5 to 2.0 ng/ml). A whole blood diltiazam concentration from the same sample was 630 ng/ml (therapeutic range in living humans 40-200 ng/ml). Other medications detected included quinidine/quinine, atropine and a blood ethanol concentration of 48 mg/dl.

The cause of death on the original death certificate signed on 4-7-08 was cardiac arrest due to ventricular arrhythmia due to atrial fibrillation due to hypertensive and atherosclerotic cardiovascular disease. On 9-29-09 an amended death certificate was issued listing cardiac arrhythmias due to digoxin poisoning as the cause of death.

Five Digitek tablest from the bottle containing the pills Mr. McCornak were ingesting prior to his death was analyzed and found to contain between 0.227 and 0.261 mg of digoxin. A patient taking tablets containing this amount of digoxin would effectively be receiving 0.25 mg/dose

Medical opinions
1. There is no evidence that Mr. McCornack was exposed to excessive doses of digoxin, either acutely or chronically.

a) Five tablets from the bottle containing the tablets from Mr. McCornak contained the appropriate amount of digoxin (between 0.227 and 0.261 mg/tablet). There is nothing to suggest that any of the other tablets in the bottle

appeared different from the tablets he was ingesting prior to his death. There is no history of ingestion of more than the recommended number of tablets.

2) Mr. McCornack had no symptoms of digoxin toxicity prior to his cardiac arrest.

a) Symptoms of digoxin poisoning include nausea, vomiting, irregular heartbeats and color vision changes. The most common symptoms are malaise and weakness. His family reports none of these symptoms in the days leading up to March 22. On March 22nd, Mr. McCornack was active all day, ate a large meal at dinner and consumed several beers in the hours preceding his death. A patient with life-threatening chronic digoxin poisoning would have been fatigued and nauseated. There are no reports suggesting Mr. McCornak had symptoms of digoxin toxicity in the days preceding his death, and his activities throughout the day and evening suggest that he was neither fatigued nor nauseated.

b) While patients with acute digoxin toxicity due to a large overdose can progress from asymptomatic to critically ill over several hours, patients who develop chronic digoxin toxicity from repeated small overdoses are not likely to progress from asymptomatic to lethal arrhythmia within a few hours.

3. A digoxin concentration of 3.6 ng/ml is not diagnostic of digoxin toxicity and is consistent with a dose of 0.25 mg twice daily in this patient.

a) Digoxin toxicity is a clinical diagnosis. While the risk of toxicity increases at concentrations above the therapeutic range, there is no concentration that is diagnostic of digoxin toxicity. The diagnosis is based on clinical findings (such as a slow heartbeat, irregular heartbeat or symptoms such as nausea or fatigue and when available an ecg). Toxicity does not always occur when patient's serum concentration exceeds the therapeutic range.

b) The digoxin concentration in this case is also unreliable because it was obtained more than 70 hours after Mr. McCornack's death. Blood digoxin concentrations increase after a patient dies. This process is known as "post-mortem redistribution". Post-mortem redistribution occurs because digoxin is concentrated in muscle cells (like the heart) and when the cells die, they leak digoxin into the surrounding fluid, including blood. Studies consistently show that patients with therapeutic digoxin concentrations at the time of death have higher post-mortem concentrations, and the concentrations observed in this case are similar to those reported in post-mortem samples obtained from patients with therapeutic serum concentrations at the time of death. This effect is greatest in samples obtained from the heart, but it also occurs in samples from the axillary vein. This effect is so well recognized that Aderjan stated in a scientific paper "..blood levels alone are no[t] appropriate means to make a final decisions in alleged cases of fatal poisoning." As a medical toxicologist, I would not recommend amending a death certificate or autopsy conclusion based only on an axillary whole blood digoxin concentration of 3.6 ng/ml.

c). Additionally, the even if postmortem redistribution is discounted, the whole blood digoxin concentration is unreliable because it is most likely that the measurement was effectively less than 6 hours after Mr. McCornack's last dose (Assumes that the dose was taken approximately 7 pm). Digoxin distribution would stop at the time of death, so a whole blood digoxin concentration measured approximately 5.5 hours after death likely does not reflect a steady state concentration. The therapeutic range should only be applied to concentrations measured once steady state is achieved.

4.) While the coroner amended death certificate to list digoxin poisoning as a cause of death based on an elevated digoxin concentration, diltiazam is not listed as a cause of death despite an elevated diltiazam concentration.

a) As diltiazam also undergoes post-mortem redistribution, I believe post-mortem redistribution explains why a patient who was taking his prescribed doses of diltiazam and digoxin had and elevated whole blood diltiazam and digoxin concentrations. Still, if one were to diagnose digoxin toxicity solely based on an elevated digoxin concentration, it is illogical to not also diagnose diltiazam toxicity when the serum diltiazam concentration is elevated to the same extent. As diltiazam toxicity would produce cardiac dysrhythmias similar to digoxin toxicity, it would be impossible to determine the cause of death without additional clinical information.

5. An elevated digoxin concentration may have occurred from a drug interaction rather than from excessive dosing.

a) While the most likely cause of the elevated digoxin concentration was post-mortem redistribution, diltiazam increases serum digoxin concentrations by 20%. The interaction of these two medications may have increased the serum digoxin concentration without any extra doses of digoxin.

6. There are other conditions that reasonably could be responsible for Mr. McCornack's death.

a) Mr. McCornack had chronic heart disease (atrial fibrillation), left ventricular hypertrophy and myocardial fibrosis. He also had hypercholesterolemia and coronary artery disease. These conditions predispose patients to sudden cardiac death, and the manner of death and autopsy are consistent with death from any of these causes. In my opinion, with a reasonable degree of medical probability, Mr. McCornack died of a dysrhythmia cased by his myocardial fibrosis and atrial fibrillation and there is no convincing evidence that Mr. McCornack received excessive doses of digoxin or suffered from digoxin toxicity prior to or at the time of his death.

Kennon Heard MD

TUCKER ELLIS & WEST LLP
ATTORNEYS AT LAW

1150 Huntington Bldg. 925 Euclid Avenue Cleveland, Ohio 44115-1414
phone 216.592.5000 facsimile 216.592.5009 tuckerellis.com

CLEVELAND COLUMBUS DENVER LOS ANGELES SAN FRANCISCO

Direct Dial: 216.696.2276
Email: matthew.moriarty@tuckerellis.com

November 10, 2009

Kennon Heard, M.D.
Rocky Mountain Poison and Drug Center
777 Bannock Street
Denver, CO 80204-4507

Re: *Kathy McCornack, an individual; Daniel E. McCornack, Jr., an individual; and Ralph J. McCornack, a minor by and through his mother and next friend Kathy McCornack v. Actavis Totowa, LLC, a New Jersey corporation, et al.*

Dear Dr. Heard:

Thank you very much for agreeing to review this case. We represent Actavis Totowa, LLC, the manufacturer of Digitek®. Digitek® is a generic digoxin product, which is sold in two doses, .125 mg and .250 mg. In April 2008, the company recalled all lots of Digitek® that were on the market and within the expiration date. A small number of "double-thick" tablets were found during a pre-release inspection of one batch, and the recall was initiated out of an abundance of caution. I have enclosed the original recall notice as well as the FDA's latest statement about the subject. In the wake of the recall, lawsuits were filed alleging that out of specification Digitek® caused various medical problems.

This case is about Daniel McCornack, who died at the age of 45 just after midnight on March 23, 2008. He was diagnosed with early onset atrial fibrillation at approximately the age of 22 (1987). He was initially prescribed a digoxin product but apparently shortly thereafter stopped taking it and did not begin taking digoxin products again until December, 1994. Beginning in 1996 and until his death he was consistently prescribed .25 mg twice daily, for a total dose of .50 mg per day. Throughout the years Mr. McCornack consistently saw two doctors – Lawrence VonDollen, M.D. (cardiology) and Gordon Lemm, M.D. (primary care physician). Mr. McCornack had a variety of problems unrelated to his heart, such as gout and back pain. His other problems included obesity, multiple stressors, and hypercholesterolemia. To the best of our knowledge Mr. McCornack never had any instances of elevated serum digoxin concentrations, and there are no diagnoses of digoxin toxicity in his medical records.

On March 22, 2008, the family went on an Easter weekend camping trip. Mrs. McCornack said that Mr. McCornack exhibited no signs of illness before he went to bed that night. According to his wife, Mr. McCornack took his evening dose after dinner and went to bed at approximately 10:00 p.m. At approximately midnight he was making an unusual snoring sound. When his wife tried to arose him, Mr. McCornack was not responsive. The family called 911 and efforts were made to revive him, but unfortunately Mr. McCornack passed away.

The coroner's office performed an autopsy and drew a post mortem blood sample (from the axillary vein) approximately 70 hours after Mr. McCornack died. They sent it to a laboratory called NMS. As you will see from their report, they found a blood digoxin concentration of 3.6, a diltiazem level of 630, and traces of quinidine (although he was not any pharmaceutical products containing that drug). NMS laboratory was also later called upon to analyze the "potency" of five or six of Mr. McCornack's Digitek® tablets. All of them were within the labeled specifications.

Initially the coroner prepared an autopsy report and a death certificate which attributed Mr. McCornack's death to natural causes, specifically listing cardiac arrest, ventricular arrhythmia, atrial fibrillation and hypertensive and arteriosclerotic cardiovascular disease. The day before his deposition, a year and a half after Mr. McCornack's death and 15 months after receiving the NMS report, the coroner changed his autopsy and death certificate to reflect an accidental death attributable to elevated digoxin levels. The coroner's new opinion is based wholly on the post mortem serum digoxin level of 3.6.

We have enclosed the following materials:

1. The office records of Dr. Lemm;

2. The office records of Dr. VonDollen (which include a consult from another cardiologist, Dr. Winkle);

3. The original autopsy and death certificate;

4. The "amended" autopsy and death certificate;

5. Reports from NMS Laboratories regarding Mr. McCornack's blood and Digitek® tablet tests;

6. The deposition transcripts of Drs. Mason, Lemm and VonDollen; and

7. The deposition of Matthew McMullin, Ph.D., a forensic toxicologist at NMS Laboratories, who comments on the blood and tablet test results. That deposition is enclosed.

We are interested in your opinion regarding the reliability of this post-mortem digoxin concentration of 3.6 as a predictor of his pre mortem levels. We are also interested in your opinion about whether digoxin likely played a role in Mr. McCornack's death, and whether there is evidence that he got one or more excessive doses.

Further, as a Business Associate of Actavis Totowa, LLC, our Firm has agreed to maintain the confidentiality of protected health information (PHI) disclosed for the purpose of

TUCKER ELLIS & WEST LLP

ATTORNEYS AT LAW

litigation. Because the enclosed records constitute PHI under HIPAA, you are required to treat such information as confidential and to use it only for the purpose of your expert review. If for any reason you are unable or unwilling to comply with these requirements, please notify me immediately and do not review the records.

Thank you very much for your time and consideration. We look forward to hearing from you.

Very truly yours,

Matthew P. Moriarty

MPM:rcf
Enclosures

TUCKER ELLIS & WEST LLP
ATTORNEYS AT LAW

1150 Huntington Bldg. 925 Euclid Avenue Cleveland, Ohio 44115-1414
phone 216.592.5000 facsimile 216.592.5009 tuckerellis.com

CLEVELAND COLUMBUS DENVER LOS ANGELES SAN FRANCISCO

Direct Dial: 216.696.2276
Email: matthew.moriarty@tuckerellis.com

June 2, 2011

Kennon Heard, M.D.
Rocky Mountain Poison and Drug Center
777 Bannock Street
Denver, CO 80204-4507

Re: *Kathy McCornack, an individual; Daniel E. McCornack, Jr., an individual; and Ralph J. McCornack, a minor by and through his mother and next friend Kathy McCornack v. Actavis Totowa, LLC, a New Jersey corporation, et al.*

Dear Dr. Heard:

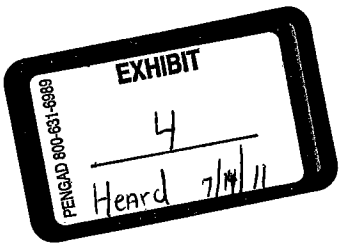
Enclosed are copies of the reports of the other experts retained by the defense in this case. These include: C. Alan Brown, M.D.; Amy Ralston McMaster, M.D.; and William L. Galanter, M.D.

Please call me if you have any questions. Thank you for your time and consideration.

Sincerely yours,

Matthew P. Moriarty

MPM/nkg
Enc.



Kennon Heard MD

Sunday, December 13, 2009

Matthew P. Moriarty
Tucker Ellis & West LLP
1150 Huntington Building
925 Euclid Avenue
Cleveland, Ohio 44115-1414

Mr Moriarty:

Thank you for allowing me to review the case of Mr. McCornack. I would like to submit my bill for 3 hours of review at $250/hour (Total $750). My social security number is 545 29-1296 and my mailing address is :

Kennon Heard
9070 E. Jewell Circle
Denver CO 80231

Please feel free to contact me with any questions.

Thanks

Kennon Heard MD
Medical Toxicology Fellowship Director
Rocky Mountain Poison and Drug Center
Associate Professor of Surgery (Emergency Medicine)
University of Colorado Denver School of Medicine
Email Kennon.heard@gmail.com

Medical Records of:

DANIEL E. McCORNACK

Dr. Gordon Lemm

Dr. Lawrence Von Dollen / Coastal Cardiology

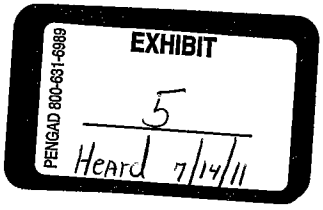
Certificate of Death / Autopsy (original)

Certificate of Death / Autopsy (amended)

NMS Labs

CVS CareMark Recall Letter

FDA Statement



5-2

RECORDTRAK
651 Allendale Rd.
PO Box 61591
King of Prussia, PA 19406
Phone #: (610) 992-5000
Fax #: (610) 354-8946
www.recordtrak.com

RT #:196975 Tag: 1

DANIEL E. MCCORNACK, SR

CASE: DANIEL E. MCCORNACK, SR VS.
ACTAVIS TOTOWA, ET AL
COURT DOCKET: MDL 1968 /
SSN ###-##-7837 D.O.B.: 02/15/1963 D.O.D.: 03/23/2008
PLAINTIFF COUNSELERNST AND MADISON

LOCATION: DR. GORDON LEMM

IN RESPONSE TO RECORDTRAK'S REQUEST FOR THE FOLLOWING:
1. ALL MEDICAL RECORDS IN YOUR POSSESSION. INCLUDE OFFICE QUESTIONNAIRES/HISTORY & RECORDS RECEIVED BY OTHERNCE, PHYSICIANS. PLEASE ALSO INCLUDE THE PATIENTS INFORMATION SHEET. PLEASE BE SURE TO INCLUDE ALL ARCHIVED RECORDS AND ALL RECORDS LOCATED IN STORAGE.

MEDICAL RECORDS ARE ATTACHED.

DGT.CG01

RECORDTRAK
THE TRACK RECORD OF SUCCESS
196975-1
651 Allendale Road
P. O. Box 61591
King of Prussia, PA 19406
Phone: (800) 220-1291
Fax: (610) 354-8946

August 7, 2009

Re: DANIEL E. MCCORNACK, SR

MEDICAL RECORDS
DR. GORDON LEMM
292 POSADA LANE
SUITE D
TEMPLETON CA 93465

SS #: ###-##-7837
DOB: 02/15/1963 DOD: 03/23/2008
RT FILE #: 196975 TAG #: 1

Dear Record Custodian:

Attached is an authorization requiring you to furnish *RECORDTRAK* with the following materials on or before August 7, 2009:

1. ALL MEDICAL RECORDS IN YOUR POSSESSION. INCLUDE OFFICE AND HAND WRITTEN NOTES, TEST RESULTS, CORRESPONDENCE, QUESTIONNAIRES/HISTORY & RECORDS RECEIVED BY OTHER PHYSICIANS. PLEASE ALSO INCLUDE THE PATIENTS INFORMATION SHEET.PLEASE BE SURE TO INCLUDE ALL ARCHIVED RECORDS AND ALL RECORDS LOCATED IN STORAGE.2. SIGNED CERTIFICATION PAGE IS REQUIRED.

Please fax responses along with our request and certifications to RecordTrak at the fax number listed above. If the records are too voluminous to fax, please provide them on CD or mail paper copies to the address listed above.

Before copying and/or invoicing, call or fax *RECORDTRAK* with a page count and pricing for approval. Please include your federal tax id number on all invoices. Refer to File # 196975 Tag 1 in any correspondence.

Very Truly Yours,

RecordTrak Representative
Phone: (800) 220-1291

IMPORTANT:
*****RESPONSES WILL NOT BE ACCEPTED WITHOUT COMPLETED AND SIGNED CERTIFICATION(S).*****

DEMGL:0006

5-4

08/13/2009 23:25 7146326791 EZ COPY PAGE 02

DGT.CG01

DEPONENT: DR. GORDON LEMM (TAG 1)
RECORDS PERTAIN TO: DANIEL E. MCCORNACK, SR
RECORDTRAK FILE #: 196975 DATE OF BIRTH: 02/15/1963 SOCIAL SECURITY #: ###-##-7837
RECORD IDENTITY:

196975_1

1. ALL MEDICAL RECORDS IN YOUR POSSESSION. INCLUDE OFFICE AND HAND WRITTEN NOTES, TEST RESULTS, CORRESPONDENCE, QUESTIONNAIRES/HISTORY & RECORDS RECEIVED BY OTHER PHYSICIANS. PLEASE ALSO INCLUDE THE PATIENTS INFORMATION SHEET.PLEASE BE SURE TO INCLUDE ALL ARCHIVED RECORDS AND ALL RECORDS LOCATED IN STORAGE.2. SIGNED CERTIFICATION I AGE IS REQUIRED.

SECTION I CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the duly authorized custodian of records or other qualified witness, and having the authority to certify the attached records declare the following: the attached records (1) were made at or near the time of the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; and (3) were created as part of the regular practice of the provider, and that:

A – X page(s) of the original records described was made available to the attorney's representative for copying at our place of business.
B – a true, legible and durable copy of _____ pages of the described records was delivered to the attorney's representative.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on (date) 8/18/09 at (city,state) Templeton CA

Signature Arleen Buzzelli Print Name Arleen Buzzelli

Phone Number (805) 434-3211 Department Medical Records

E-mail Address to Forward Requests for Production of Records/Materials: _____

SECTION II CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization, for the following reason:

☐ All records for the time period in question have been destroyed in accordance with our document retention policy which is ___ years.

☐ Our records are the same as _____

☐ Original records are in the possession of _____.

☐ (other) _____.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on (date) _____ at (city,state) _____

Signature _____ Print Name _____

Phone Number _____ Department _____

E-mail Address to Forward Requests for Production of Records/Materials: _____

THIS PAGE MUST BE COMPLETED, SIGNED AND RETURNED.

RECORDS

DEMGL:0007

McCornack, Daniel

Date 8·17·94 N.P.

BP 140/86 P 72 R 16

T ___ wt 201 ht. ___

Allergies Ampicillan

Sulfa

Meds. Tenormin prn ½ bid prn

S: 3/40 ♂ c/o fatigue x 6 mths, now with headaches x 2 wks, occas sore throat x 2 wks. Generally healthy but has atrial arrhythmia dx by Harvey, then Von Dollen. Takes Tenormin when heart races only.
Stressful job - never vacations - Works his job + 400 acre ranch

O: HEENT - WNL
Cor - freq irregularity
lungs - clear
thyroid ok
Abd benign
Gent - WNL
Neuro intact

A Fatigue
atrial arrhythmia

P Chem + 20/thyroid
old records
May need CXR - [initials]

8-23-94 lab results WNL. Chol a little high. [initials]

DEMGL:0046

5-6

McCormack, Dan

Date 3-11-96 CC: mole & freckle check
120/70 72 16
T 203
Sulfa
ampicillin
Lanoxin .25mg ii qd
Dilacor 180 Am
Dilacor 120 pm
Cordarone

Pt has noticed many recent moles on his trunk which have appeared probably over recent months. Very difficult to pinpoint duration. No family hx of problems.

O: Many nevi on trunk
Many very dark, but regular
No bleeding.
Shave biopsy done of black lesion Ⓡ back - 2 mm (.5cc 1% Xylo c epi)

A Multiple nevi - biopsy 1 lesion
P Call pt.

3-16-96 Biopsy - dysplastic nevus - Pt has many of these, Needs to see dermatologist - wife called.

3-18-96 Pt. has an appt. for today w/ Dr. Stanton.

Date 12.9.96 CC: eyes swollen, red, irritated, started yesterday morning. worse in the A.M.S
BP 114/70 P 76 R 16
T ___ wt. ___ ht. ___
Allergies Sulfa
ampicillin
Meds. Lanoxin .25mg ii qd
Dilacor 180mg Am.
Dilacor 120mg P.M.

Maybe related to setting up Christmas tree?
No crusting.
O: Mod swelling periorbital
+2 Scleral injection + swelling.
∅ exudate

A Allergic Conjunctivitis
P Ocular c gtt ou qid pr
Hismanal c g D #7 given

DEMGL:0045

McCormack, Dan

Date 4-2-98
BP 120/88 Ⓛ P 80 R
T ___ wt 212 ht. ___
Allergies Sulfa
Ampicillan.
Meds Lanoxin .25 T bid
Dilacor 180 mg Am
120 mg pm

CC: ① ✓ nail of big toe Ⓛ foot nail turning colors.
② pain & aching Ⓛ shoulder difficulty sleeping.

Great toenail fungus x 3 mths.

XRAY
Ⓛ shoulder

Ⓛ shoulder separation and deltoid tear 18 yrs ago. no surgery done.
Now chronic pain - sometimes keeps him awake. Painful rotation, extension + lifting in posterior aspect.

O: Onychomycosis c̄ loose nail Ⓛ great toe
Ⓛ shoulder painful internal rotation - posteriorly abduction [illegible].

XRAY [illegible]

A:

Date 2-2-99
BP 120/80 Ⓛ P ___ R ___
T ___ wt 202 ht. ___
Allergies Ampicillin
Sulfa
See list

CC: poss. sinus inf. - pressure in head, headaches sinus congestion ears plugged. coughing up green phlegm in A.M. No temp. X 9 days.

Dan F McCormack CH9[illegible]
30% ACCT 07/489-00 COPAY 0.00
Blue Cross Prudent B 555[illegible]7837
OFF F DOB 07/15/62 GNDR male
Dan F McCormack
6[illegible] Peachy Canyon Rd
Paso Robles, CA 93446
PH 805-238-[illegible]
2/02/99 02 15PM APPT TYPE OV
F Pratt N Gordon Lemm M D

P Loftin 250 bid #20
Flonase

38799 Ⓛ

DEMGL:0044

5-8

CHART NOTE

PATIENT: MCCORNACK, DAN
MMA NO: 95-53-22-3
DATE: 02/02/99

SUBJECTIVE: Patient has been fighting a sinus infection for the last three weeks with head pressure, headaches, teeth hurt, ears are plugged. He is now coughing up green phlegm in the morning time. This has been acutely worse in the last nine days. He is allergic to ampicillin and Sulfa.

OBJECTIVE: Moderately congested. TMs are slightly dull. Nasal mucosa is swollen, erythematous. Pharynx mild erythema. Adenopathy none. Heart regular rate without murmurs. Lung sounds reveal occasional wheeze.

ASSESSMENT:
Sinusitis and mild bronchitis.

PLAN:
Ceftin 250 mg bid, #20. Flonase sample given 2 sprays each nostril once or twice a day.

GORDON LEMM, M.D.

GL:YOG/05516449/dm D: 02/02/99 T: 02/03/99 JOB#: 38799

Date 2-5-99

BP ___ P___ R___

T___ wt.___ ht.___

Allergies ___

Meds ___

Dan E Mccornack CH95553223
303 ACCT 077489-00 COPAY 15.00
Blue Cross Prudent B 555517837
OFF f DOB 02/15/63 GNDR male
Dan E Mccornack
6255 Peachy Canyon Rd
Paso Robles,CA 93446
PH 805-238-5208
02/05/99 08:45AM APPT TYPE ov
L f P:glf N: Gordon Lemm M D

(S)

Date 4-2-99

BP 148/80 (L) P___ R___

T 99.9 wt. 205 ht.___

Allergies Ampicillin
Sulfa

Meds Lanoxin .25 Bid
Dilacor 180am 180pm

36 year old

cc:
(1) sx x 6 days started c sore swollen throat, headache, plugged ears, pressure in ears, cough, sneezing.
(2) awoke today c (L) eye matted.
(3) frequent lesions in back of throat - white patches come & go

[illegible]

Rx [illegible]

DEMGL:0042

5-10

McCormack, Dan

Date ____________
BP______P______R______
T______Wt______Ht______
Allergies ____________

Meds ____________

5-7-01 - FTKA. Val Thomas
5-7-01 - Rescheduled for next week. Val Thomas

Date 5·14·01
(1) BP 130/84 P 63 R ___ Wt 212 Ht ___
Allergies Sulfa
Ampicillin
Meds Lanoxin .25mg bid
Dilacor 180mg q am
120mg q pm

384/00 C.C. pt here to re-establish as a new pt. Pt has been seeing Dr. Van Dollen and she needs a referral for an echocardiogram and a 24hr holter monitor. Doing well otherwise. AR

Long hx of A. Fib probably 10-15 yr ago – recurrent problem – worse ≈ 8 yr ago. See recent report from Van Dollen – intermittent A-Fib.

O. Cor Irreg – 60's
lungs clear
Edema ∅

A A. Fib

P Echo/24 HR Holter
Health/lipid panel RTC for Rx

DEMGL:0041

5-11

McCormack, Dan

(L) Date 6-14-01
BP 122/78 P ____ R ____
T ____ Wt 210 Ht ____
Allergies Sulfa
Ampacillin
Meds Lanoxin .25mg bid
Dilacor 180mg QAM
120 mg QPM

384/00 → pt here for an annual physical. Had his lab work done. Felt stirred a clot. Pt does have Atrial Fib. and he sees Dr. VonDollen regularly. XR
- Recent Echo pending.
- (R) foot pain on lateral forefoot intermittently x months. Worse c driving once. No back pain - May have muscle cramp at times.
- Saw Dr VonDollen in ED for right arm pain - worried about TIA; BP was up. Probably stress related.
- Herpes coral) multiple times.

O: TRIG 263 HDL 44.7 LDL 115
Chol 212
HEENT - WNL
Cor IRREG 70-80
Lungs - clear
Abd ok - umbilical hernia
Cent ok
Ext - ok

A: A Fib / occas neuropathy (R) foot
Herpes Simplex / umbilical hernia
Hyperlipidemia

P: Zovirax 400 BID X5d pm
Low fat diet

DEMGL:0040

McCormack, Dan

Date 7-26-01
BP 128/76 ® 84 irreg R
T ___ Wt 212 Ht ___
Allergies Sulpha
ampicillin
Meds Delacor 300mg q am
" 180mg q pm
Lanoxin .25 ↑ BID

CC: ® foot pain intermittent x 1 year, then on Sunday (7-22) started having pain Ⓛ great toe into foot. Ø swelling or redness – mdn

See last visit!
Intermittent pain in feet. Severe aching in Ⓛ great toe Monday.
Pain has been in both feet intermittently for the past year, mostly in forefoot
Hx Ⓛ great toe Fx
Hx lumbar back problems c̄ "pinched nerve" in past. No recent problems. Recent labs ok

O: Exam normal
No sensory/motor loss
Mod pain c̄ great toe Rom – perhaps slight erythema

A: Neuropathy in feet
Hx lumbar disc problems

P: HbA1c
Biz
RA, ANA, ESR, CRP, Uric Acid
RPR
XRAY Ⓛ foot & lumbar spine
Neuro eval – [signature]

DEMGL:0039

5-13

McCornack, Dan

8-31-01 Pt called requesting lab results - Explained that uric acid was high. Pt would like to know if it could be related to foot/leg pain & if so if there is an Rx. (Rite Aid Spring WK 239-1550) — mda

9-4-01 Uric acid level 10.4 - See letter from Dr Watson - Symptoms more consistent with arthritis although not characteristic for gout.

9-14-01 spoke c Pt & explained above to him & read letter (portion) from Dr. Yamagata to Pt. He would still like to discuss c Dr. Lemm - set appt for 9/24 ——— M McAdam RMA

DEMGL:0038

McCormack, Dan

(L) Date 9.20.01
BP 126/82 P ____ R ____
T ____ Wt 211 Ht ____
Allergies Sulfa
Amoxicillin
Meds ~~Lanoxin .25mg qd~~
Dilacor ~~120mg q AM~~
120mg q PM

38y/o ♂ C.C. Pt here for a f/u on his (L) foot. Pt has been having pain off and on for a year and a half. Pt was in on 7/26 and had major pain until labor day weekend. Pt did see Dr. Yamagata but got no real answers. Pt had ~~xr~~ labs done. Pt wonders if it is gout -

See report from Dr Yamagata.
Labor day weekend had alot of pain in (L) foot
First flair of foot pain April - severe pain in (R) foot. Total 5 times in last 18 months. Three episodes lasted 4-5 days. Two episodes severe.

O = foot exam normal presently
Uric Acid 10.2

A = Gout c multiple attacks in past 18 mths

P = Allopurinol 100mg #60 1 q D
Indocin 50mg tid pc #30
CMP/U.A + appt 6wk
Low purine diet — [illegible]

DEMGL:0037

McCormack, Dan

Date 10.23.01
(2) BP 132/82 P ____ R ____
T 98° Wt 211 Ht ____
Allergies Sulfa
Ampicillin
Meds Lanoxin .25mg bid
Dilacor 180mg ā am
120mg ā pm
Allopurinol 100mg qd
Indocin prn

38 y/o ♂ c.c. Pt here for a cold in his chest x 2½ - 3 wks. Coughing productive c̄ green mucus. Tight chest no other real symptoms. Has had headache & plugged ears. AR

Symptoms started in chest - continue c̄ productive cough.

O: Mod congestion
TM's dull
pharynx +2 erythema
Cor - RRR
lungs - coarse BS

A Bronchitis

P ZPAK — [signature]

11-5-01 - Rite Aid - Lanoxin 250mcg #30 T bid. RFx PRN GL/AR
Spring Fair

11-5-01 - Written Rx - Lanoxin 250mcg #120 T bid RFx 6 GL/AR
Pt will pick up

11-19-01 - Rite Aid - Allopurinol 100mg # 30 T qd RFx 5 GL/ARudman RMA
Spring Fair

11-21-01 See labs: Uric Acid 7.3
LFT SGPT 103
SGOT 36 — [signature]

DEMGL:0036

5-16

McCormack, Dan

Date 1-7-01
(L) BP 112/82 P R
T Wt 211 lbs Ht
Allergies Sulfa
Ampacillin
Meds Lanoxin .25mg bid
Diltiazem 180mg qam
120mg qpm
Allopurinol 100mg qd
Endocin prn

384/100 → C.C. pt had a real bad case of gout on a week ago Thurs. Lasted 2 wks, it is almost gone now. AR

Severe (R) foot pain while camping - Took Indocin & some relief. Drinks mod beer. Generally watches diet. Very frustrated over recent attack.

O- Mild erythema dorsum (R) foot no cellulitis.

U.A 7.7
CMP ok

A- Gout Diet reviewed

P- ↑ allopurinol 100 2 qD
U.A. CMP at appt 6 wks
↑ Fluids

1-24-02- Rite Aid - Allopurinol 100mg #60 1 tab qd RFX3 G/A Rodman RMA
Spring Tap

DEMGL 0035

McCormack, Dan

Date 2-19-02
(L) BP 136/92 P ___ R ___
T ___ Wt 220 Ht ___
Allergies Sulfa
Ampicillin
Meds Lanoxin .25mg bid
Dilacor 180mg q AM
120 mg q pm
Allopurinol 100mg ii qd

39 y/o ♂ C.C. pt here for f/u on his gout, pt has been doing better on the increased dose. XR

- (R) ring finger started c gout - only lasted 24hr.
- In general improving.

O: See labs - Uric Acid 7.3
LFTS ok SGPT 76 (no change)

A: Gout - improving

P: Allopurinol 100mg ii qD #120
CMP, uric acid in 3 mth

Date 5-20-02
(L) BP 132/90 P ___ R ___
T ___ Wt 220 Ht ___
Allergies Sulfa
Ampicillin
Meds Lanoxin .25mg bid
Dilacor 180mg q AM
300 / 180mg q pm
Allopurinol 100mg ii qd

39 y/o ♂ C.C. pt here for 3 month f/u, had recent labs done also. Has had no major gout attacks since last visit - AR
Pt quit chewing 5wks ago.

Minor pain in feet + occas hands.
Uric acid 7.4

A: Gout stable
P: Cont current Allopurinol
LABS 2 mths
CMP / UA

? 5-02 - Express Pharm - Diltazem 300mg #90 i q AM } RF x3 6/4 AR
fax - (800) 323-0161 Diltazem 180mg #90 i q pm
see copy

DEMGL:0034

5-18

McCornack, Dan

Date 7-17-02
BP ____ P ____ R ____
T ____ Wt ____ Ht ____
Allergies Sulfa
Amp acillin
Meds Diltazem 300mg qam
Diltazem 180mg qpm
Lanoxin .25mg qd
Allopurinol 100mg tid

39 y/o ♂ c.c. Pt injured his (L) middle finger last night and jammed it into a bag @ softball. Pt thinks its the joint. Has hx of trouble w/ gout right know.

O: Mild, mod tenderness (L) 3rd finger PIP joint. Slight swelling
Pt returns with xrays - no fracture

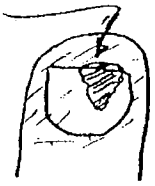
A: PIP sprain

P: Buddy tape prn

Date 7-29-02
BP 140/72 P ____ R ____
T ____ Wt ____ Ht ____
Allergies Sulfa
Amp acillin
Meds Diltazem 300mg qam
Diltazem 180mg qpm
Lanoxin .25mg qd
Allopurinol 100mg tid

39 y/o ♂ c.c. Pt here for a poss gout problem or an infected (R) big toe. Pt not sure. Started on Sat. Pt cut toenails short a few days ago

O: Mod erythema + tenderness of toe
Small margin of possible abscess
I+D - mod amount of pus drained. Now feeling better



A: Subungual abscess / Cellulitis

P: Keflex 500 #40 i qid
Soaks bid
Remove toenail if abscess returns

DEMGL:0033

— McCornack, Dan —

Date 8-20-02
BP 116/82 P ___ R ___
T ___ Wt ___ Ht ___
Allergies Sulfa
Ampicillin
Meds Diltiazem 300mg qA
Diltiazem 180 ī q pm
Lanoxin 0.25 ī BID
Allopurinol 100 ii qd

39 yo ♂ CC: follow up labs Re: gout. No problems c̄ gout since first of year —— Md
Has liberalized diet s̄ problems.
Toe infection cleared up
Finger sprain still bothers him somewhat

O: Cr 1.6
uric acid 7.9 (10.2 highest level)
SGPT 62
Mod swelling Ⓛ 3rd finger PIP

A: Gout / Finger sprain / Mild ↑Cr

P: 3 mths - Dig level, Uric Acid, CMP

Date 11-20-02
Ⓛ BP 128/80 P ___ R ___
T ___ Wt 283 Ht ___
Allergies Sulfa
Ampicillin
Meds Diltiazem 300mg q AM
Diltiazem 180mg ī q pm
Lanoxin 0.25mg ī bid
allopurinol 100mg ii qd

39 y/o ♂ C.C. pt here for a 3 month f/u and lab results. Pt needs new Rx's for all his meds, for mail away
- Ⓛ foot swelling started 3 days ago but better today
- a few minor episodes of gout
- Has not been on diet
- Ⓛ 3rd finger slowly healing - still has painful grip

O: UA 8.2 Cr 1.4 Dig 1.5
No gout presently
Mod swelling + painful flexion PIP 3rd Ⓛ finger s/p dislocation mid July

A: Gout / Hx AFib

P: Zyloprim 300mg qD #90
Lipids/CMP/H+H/uric acid 3 mth
Rx Diltiazem 300 #60
" 180 #60
Lanoxin .25 #120
} RF6 - see copy - AR

DEMGL:0032

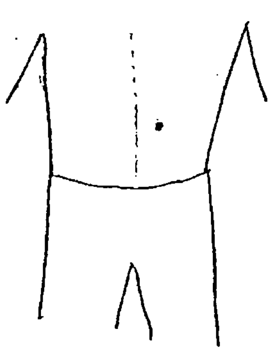
5-20

McCormack, Dan

(1) Date 2-19-03
BP 140/90 P 82 R
T ___ Wt 225 Ht ___
Allergies Sulfa
Ampicillin
Meds Diltiazem 300mg qAM
Diltiazem 180mg q pm
Lanoxin 0.25mg i bid
Allopurinol 100mg ii qd

40 y/o ♂ c.c. pt here for a 3 month on his labs. Has not had flu any gout attacks, but has had some fatigue. Pt has had some chest pain off and on, not severe. Feels it constantly when laying down. In center of his chest. Poss skin check. Pt has had for pre-CA check. Problems also, worse indigestion. Burning in chest - worse at night. @ night.

- Gout has been quiet
- Occas epigastric pain - some relief c Maalox
- Hx atrial dysrhythmia
- Hx of abnormal nevus - biopsy was done by Dr Stanton.



O: Cor RRR lungs clear Abd benign
EKG - PAC's See labs
2-3mm very dark nevus (R) lumbar region - Shave biopsy today - 1cc 1% Xylo c epi
Polysporin dressing

A: GERD / Gout / C.P. - not cardiac / PAC's
Nevus - type?

P: CMP / lipids / UA 6 mth
Zantac 300 q hs #30 Rx2
Call if continued symptoms

2/21/03 R.A. Spingst Acyclovir 400mg qid #20 herpes - mail stoma?

DEMGL:0031

5-21

– McCormack, Don –

(L) Date 3-26-03
BP 140/84 P ___ R ___
T ___ Wt ___ Ht ___
Allergies Sulfa
Ampicillin
Meds Diltiazem 300mg q am
Diltiazem 180mg q pm
Lanoxin 0.25mg bid
Allopurinol 100mg tid
Zantac 300mg q pm

40 y/o ♂ c.c. Pt here to have a lesion rev, we bx it in Feb. Pt also has pain in the center of his lower back. Pt says the muscles at times tighten up, pt says it feels like the vertebra are rubbing together. This has been off and on for 2-3 wks. AR

O: Mod lumbar spasm c limited flexion
No radiculitis.
Neuro intact
Back - multiple nevi
Area of dysplastic nevus shave bx is clear. no visible residual nevus

A Lumbar spasm / Dysplastic nevus

P: Exercises given
Skin check August

5/28. Pt's wife called. Pt needs Rx faxed to RiteAid - Spring St/PR for following meds. Diltiazem 300mg. Lanoxin 0.25mg. Also needs refill slips for Diltiazem & Dilacor 180mg - Meds needed for 1 wk due to other meds coming from mail away. Tx, Fran. #238-5208
* done see flow sheet – AR

DEMGL:0030

McCormack, Dan

Date 8-19-03
BP 120/72 P ____ R ____
T ____ Wt 208 Ht ____
Allergies Sulfa
Ampicillin
Meds Diltiazem 300mg q AM
Diltiazem 180mg q pm
Lanoxin 0.25mg bid
~~Allopurinol 100mg ii qd~~
Zantac 300mg q pm
allopurinol 300 qD
ASA 325mg qD

40 y/o ♂ c.c. pt here for a 5 month check up and lab results. Pt thinks that he needs his eyes checked, was hunting and could not tell if he was looking at a buck or doe. OR

- Has lost 15-18 lbs on Atkins diet.
- Maybe having problems c̄ far vision - may have had retinal problem from Cordarone
- Zantac quite ~~helpful~~ helpful
- no recent gout attacks

O: Cor - freq irreg - Rate 80
lungs clear
Uric Acid 7.0
CMP ok
cholesterol better

A: Gout / Hyperchol

P: Allopurinol 300 qD #60 > RF6
Zantac 300 qD #60
Lipids uric acid 6 mths

11/25/03 pt wife clld - pt wld like refill on Lanoxin + Diltiazem 300mg + Diltiazem 180 mg. Precision Rx. Cathy 238-5208 # ?'s. Tiffany
Faxed to Precision Rx - see copy - OR

1x4. Pt called. Lanoxin will not arrive in time from mailaway. Please fax Rx for 10 day supply to RA, Spring St. Fran.
239-1000.

DEMGL:0029

5-23

– McCormack, Dan –

12/4/03 – Rite Aid – Spring fax – Lanoxin .25mg #30 ⊤ bid GL/ARodman RMA

12/4/03 Patient notified by ARodmanRMA

1-15-04 Pt's wife called to say ins. has changed and pt. needs new scripts to mail away:
Cartia - XT 300 mgs #90
Diltiazem 180 mgs #90
Lanoxin .25 #180
Allopurinol 300 mgs #90
Ranititidine 300 mgs #90
90 x 3 please call to pick up at 338-5208 Doug
Rx's written as above. nt AR

1/28/04 - CareMark - fax - Clarification & Dx for above Rx's See copy GL/AR

1/30. Pt's wife called. Requests Rx for Allopurinol x 7days to cover while mailaway meds are shipped. Pt to CB ⊂ which pharmacy they want to use. Fran.
R/A on Spring St.
2-2-04 - Rite Aid - Spring fax - allopurinol 300mg #20 ⊤ qd GL/AR

DEMGL:0028

5-24

— McCormack, Dan —

Date 2-11-04
(L) BP 172/122 P ___ R ___
T ___ Wt 201 Ht ___
Allergies Sulfa
Ampacillin
Meds
See med list

Rev ✓ B/P 148/86

40y/o ♂ c.c. pt here for concerns about his Atrial Fib, pt has been dealing with a lot more stress at his job lately. Pt. had some (L) testicular pain for 2 days last WK, and then starting on Wed, he started having trouble c̄ his stomach. SR

↑ work stress. Afib more rapid recently - Previously discussed Coumadin c̄ Dr VanDellen
"Ulcer pain" x 2 days c̄ epigastric burning now better. Severe (L) scrotal pain intermittently x 3 days - not tender. LLQ "squeezing" pain
Tightness in neck at times
O: Anxious HEENT - ok
Cor - Irreg lungs clear Abd benign
SM Genit ok

A: Atrial fib - chronic / HTN
Gastritis
(L) ureteral stone?
Stress
P: ABD CT - renal stone protocol
CMP, Lipids, Dig level, T4, TSH,
Uric acid, H+H, Urine Analysis
Protonix 40mg qD #21
DC Zantac
RTC 2wk

CT 2-16-04,
Order faxed to T.I. ok

2-18-04 Discussed CT scan c̄ pt
Please add CXR to order since he has "full" sensation in his neck —

441-4257

DEMGL:0027

5-25

McCornack, Dan

Date 2-26-04
(L) BP 124/82 P____ R____
T____ Wt____ Ht____
Allergies Sulfa
Ampacillin
Meds
Protonix 40mg qd
See Med List

41 y/o ♂ c̄ c.c. pt here for a 2wk f/u and test results. Pt has been nervous about his test results, still has stiffness in his neck at times. Has c̄ tingling discomfort had some around his side.

O: Abd CT shows multiple small nodes
1 1/3 cm max size
Discussed possible etiologies. Pt has been tired & stressed lately - No fevers.
Mild lower Abd discomfort
Exam - No adenopathy
HEENT ok
Cor - RRR̄m
Lungs clear

A: Fatigue - normal labs

P: Repeat abd/Pelvic CT in 2mths

3/1/04. Pt called. Only has 2 Protonix left. Can he please have more Samples, plus, mailaway Rx.
239-1550. Fran

Rx Protonix 40mg #90 RF3 Samples #14
3/1/04 Patient notified by ARodmanRMA
Kathy will pick up tomorrow

DEMGL:0026

5-26

McCormack, Dan

Date 4-1-04
BP 142/90 P R
T Wt Ht
Allergies Sulfa / Bactrim / Ampacillin
Meds See Med List

4/1/04 ↗ c.c. pt here for a flu. Pt is still not feeling well, has been having good and bad days since his last visit. Pt says the pain starts in his lower abdomen like in the intestines.

Pt continues c suprapubic pain that radiates into scrotum - both sides - much worse after BM c severe cramping - No diarrhea, constipation. Initial symptoms around 2/8/04. Felt better for a little while now worse again. ABD CT showed multiple small lymph nodes - should repeat this month

O: Ca-AR 3+
lungs clear
Abd - mild suprapubic tenderness
Rectal - normal Hem neg

A: Low grade prostatitis ?
Colon spasm
Lymphadenopathy on CT

P: Cipro 500mg #2820
CBC, CRP, ESR, PSA
Repeat Abd/pelvic CT 2-3wk

Name Dan McCormack
Doctor Lumpkin
Date 4/1/04
Collected by
voided / cath
yellow / bloody
straw / amber
clear / clowdy
hazy
Urobilinogen. WNL
Glucose. neg
Ketones. neg
Bilirubin. +
Albumin/Protein. + +
Nitrite. neg
Leukocytes. +
Blood. neg
PH. 5.0
Specific Gravity. 1.020
Microscopic:
RBC, WBC, Casts, Mucus
Epithellal, Bacteria, Other
Comments
occas WBC
1 cast ?
DiaScreen Urinalysis

4/1/04 - Samples of Cipro XR 1000mg given to pt to take one a day x 10 days - pt Rx instructions

DEMGL 0025

McCormack, Dan

Date 4-26-04
(L) BP 132/80 P ___ R ___
T ___ Wt ___ Ht ___
Allergies Sulfa; Septra
Ampicillin
Meds
See med list

41y/o C.C. pt here for a f/u, pt had the lower abdominal pain that radiates into the groin on Thurs, Friday and Sat last wk. Pt states that he thinks there is something connected to his BM's. Pt still has the tightness in his throat, is concerned that he chewed tobacco for the last 20-30 years. Pt saw Dr. VonDollen last wk and had a good checked. AR

Felt much better ̄p Cipro. Had some recurrence of pain in suprapubic area + groin. H/o "nervous stomach" ~~too~~ as a child

O: ABD CT - minor adenopathy unchanged
pharynx ok Cor-RRR nodes ∅
Abd soft

A: Lower Abd pain / Lymphadenopathy

P: BE
GI referral —

4-29-04 pt. phoned ref to Dr. Zovich but he doesn't take his Insurance. He would like another ref to GI. Ref pt. to Dr. Colbert for abd pain. KH

5-3-04 Notes faxed to Dr Fulbeck per pt's request. Pt will try to get sooner appt. ab

C.C. GI's not contracted c̄ CCN. ab

DEMGL:0024

5-28

— McCormack, Dan —

5/10/04- Spoke c pt. re: B.E results. Pt was wondering if you stillwanted him to see the gastro. Has an appt 6/17, but he hasn't had any lower abdominal pain in 2wks. Also wanted to know when you wanted to see him next. Akolmanrnpa

- He may cancel c GI if feeling fine
- Follow up here in August

5/10/04 Patient notified by Akolman RNPA (mom

1/1/04 - Caremark - Protonix 40mg #90 1qd No changes 6/04 fax
fax ed to Case management

DEMGL:0023

McCormack, Dan

Date 8-2-04
BP 142/84 P ___ R ___
T ___ Wt 206 Ht ___
Allergies Sulfa; Septra
Ampacillin
Meds See Med List

41 y/o ♂ c.c. pt here for a flu from April. Pt is still having lower abdominal pain that radiates up into his neck. He's real concerned about the lymph node problem. He's wondering if this is a combo of the stress & diverticulitis that is causing the abdominal pain. AR

Intermittently feels terrible c̄ myalgias, fatigue, lower abd pains. Occas tingling in hands. Long term back + neck problems. ∅ fever. Has gout. Work stressful

O: HEENT - WNL
Cor - RRR
Lungs clear
Abd ∅ masses
Adenopathy ∅

A: Fatigue, Myalgias, Gout, Adenopathy

P Repeat Abd CT
CMP, lipids, B12, CK, Uric Acid, TSH,
ESR H+H ANA CRP RA HLAB27
Consider MRI neck + lumbar
RTC 2 wk

DEMGL:0022

5-30

McCormack, Dan

Date 8-16-04
BP 134/94 P ____ R ____
T ____ Wt ____ Ht ____
Allergies Sulfa, Septra, Ampacillin
Meds See med list

(6)

4/4/10 o c.c. pt here for a 2wk f/u and test results. Pt was feeling better and then friday he had the lower abdominal pain, but it only lasted a couple of hours and then was gone. Now has DD and on pain at times. AR

Pain sometimes in genitals, perineum.
Ø Dysuria. Continues c intermittent fatigue

Dx: (+) HLA B27 neg ANA
Pt's Abd CT is unchanged c shotty nodes

A: Fatigue, back pain, genital pain
Neck pain - Reiter's? Underlying Spondylitis?
(+) HLA B27 / Gout

P: Refer to Dr Eibschutz
XRAY C/L spine

8-16-04 Faxed records & labs to Eibschutz. CK

8-26-04 pc from pt's wife requesting ref to Rheumatologist in Palo Alto since pt can be seen earlier, to Dr. Genovese in Palo Alto
fax #650-725-8418. CK
done ICW

(or)

4.14.04 last years Med Recs copied - pt to pick up for appt w/ Rheumatologist. Thanks

DEMGL:0021

— McCornack, Dan —

10/11/04 - Written Rx - Diltiazem 300mg #90 T q AM
LMOM that Rx's were ready to pick up
Diltiazem 180mg #90 T q pm
Lanoxin 0.25mg #90 T q d
Allopurinol 100mg #270 III q d
RF x 3 GY AR

10/14/04 See MRI
Left message on cell voice mail re: L5 S1 disc protrusion.
done KH
Refer to Dr Carr -

10/26/04 - Rite Aid - Springfax
Diltiazem 300mg #30 T q dm RF x 1 year
Diltiazem 180mg #30 T q pm RF x 6
GY AR

1/28/05 - Pt's wife called said we wrote his Lanoxin Rx wrong when we wrote it. So he needed a new written Rx that had a sig of bid and want # 180 - AKodmanRMA
Written Rx - Lanoxin .25mg #180 T bid RF x 3 GY AR
LMOM - Rx was ready - ARodmanRMA

2/16/05 - Rite Aid - Lanoxin 0.25mg #20 T bid (NR) GY AR AKodmanRMA
Springfax

2-17-05 Rx Prevacid 30mg #90 RF3

3-9-05 - Caremark - Rx for Prevacid faxed to them / No changes in Rx also faxed GY AR
fax

DEMGL:0020

5-32

McCormack, Dan

Date 3-17-05
BP 134/82 P 70's R
T ___ Wt 210 Ht ___
Allergies Sulfa; Septra
Ampacillin
Meds
See Med List

42 y/o ♂ c.c. pt here for a f/u on everything that had been going on. Had been going through a lot of test and wonders if it is time to get another CT. Has been having more abdominal pain lately. Has been dealing with the cold and body aches.

- Dan has been the to Stanford twice ⊕ HLA-B27. Last visit was in December.
- Probably not Ankylosing Spondylitis / Reiters
- He continues c intermittent lower abd pains.
- URI x 3 in past few weeks & fever
- Gout under good control

O: HEENT - & nodes CorTREM (chronic ARS)
lungs clear Abd benign
Reviewed old Scans

A: Abdominal adenopathy / Gout / ⊕ HLA B27
Viral URI / Chronic ARS / Arthralgias

P: CMP, uric acid, lipids, CBC
ABD CT for adenopathy

DEMGL:0019

McCormack, Dan

Date 8-18-05
(L) BP 122/78 P R
T Wt 218 Ht
Allergies Sulfa, Septra
Ampacillin
Meds
See Med List
Advil prn

42y/o ♂ c.c. pt. here for pain in his neck, (R) shoulder blade, shoulder, then his (R) arm became numb. Pt says the severe pain is gone, until he lays down or sits a certain way. Pt says his shoulder aches almost all the time. Needs mail away Rx's for all his meds — AR

Severe pain about 3½ wks ago. Pain started in (R) shoulder blade, radiated to neck, then down (R) arm. Some relief c chiropractic treatment. Cervical radiculitis down Rt arm into fingers 3-4-5. Acute pain in neck is a little better, but arm is worse

O: Mild limitation neck ROM
Sensory: numbness intermittent in C6-C7-C8 distribution
Motor intact in both arms
XRAY C6-7 DDD 1 yr ago

A: Cervical radiculitis (R)
Probably C7 nerve root

P: MRI - C Spine
Spine Specialist Referral
Rx all meds with RF x 3 —

MRI - T-C
8-15-05
8:00

8-18-05 PC Kathy - Disc protrusion C5-6
Referring to spine specialist

notes faxed to Dr Carr - ab

1/21/05 - Rite Aid - Allopurinol 300mg #20 1 tab GK/AR Rodman
Spring fax

DEMGL:0018

- McCornack, Dan -

11/6/06 - CareMark - Reg Prevacid Sd to Prevacid Solutab GI/AS
Rep

McCormack, Dan

11/23/05 - Pt needs a 2 wk supply of his meds, until his mail order comes in -
Rite Aid - Diltiazem CD 300mg #15 ī q AM
Springfax Diltiazem CD 180mg #15 ī q pm } GS/KAR
Lanoxin 0.25mg #30 ī bid

Date 7/23/06
BP 118/72 P R
T Wt 226 Ht
Allergies Sulfa, Septra, Ampacillin
Meds

43 y/o ♂ c.c. pt here for his annual physical and annual lab results. I/o having a lot of trouble with his back again, so he wants to discuss that. Has also been having trouble with swelling in his ankles. No pain when they are swollen, started in June. Says he has noticed that he gets up more at night to urinate, doesn't know if its age related.

PMH - Afib
- gout
- DDD C-spine/L spine
⊕ HLA-B27
Abd adenopathy - chronic/stable
renal stone
GERD
SH - Smoke ∅ EtOH rare
FH - Father - colon polyps - precancerous

Had back adjustments c̄ Dr Niklas c̄ some relief. LS, pain + can't sleep. Previously saw Dr Carr. Some radiation down Ⓡ buttock + tingling into Ⓡ foot. Considered epidural steroids. Twisted it playing golf.

O: NAD HEENT - WNL Cor RRR s̄ m lungs clear Abd benign
Small umbilical hernia. Ext WNL Rectal ok Prostate ok
Normal firm ng

A PE / Hx Afib / Gout / DDD C+L spine - now c̄ some Ⓡ leg radiation

Notes faxed to Dr Cushing + labs

P: Referral for colonoscopy
Refer to Dr Carr
CMP, lipids, PSA, U.A., H/H, Digoxin
Rx Vicodin 5mg #40
TRY Indocin for back pain

LMom 7/31/06 KM

DEMGL:0016

536

Date 8-24-06
BP 124/84 P R
T Wt 228 Ht
Allergies Sulfa, Septra
Ampicillin
Meds See Med List

McCormack, Dan

43 y/o ♂ c.c. pt here for a flu on his labs. Pt says the on occassion he gets a cold sweat and his hands get really cold, this happened the day he had his blood drawn. The lab tech was concerned because they had a hard time getting blood.

Pt c/o persistent fatigue. Hx A fib since early 20's - followed by Dr VanDollen. No eval x 2 yrs.

O - Occas pedal edema - which could be from Ca++ blocker
- Labs show ↑TRIG. Pt has high fat diet & has gained 10 lbs in past year
- See labs
- Cor - Irreg rate 60's
lungs clear

A: Atrial fib - chronic
Fatigue
Hyperlipidemia

P: Dr VanDollen re-evaluation
Ablation?
Coumadin?
Discussed low fat diet & wt loss

10/19/06 - Written Rx - Diltiazem CD 310mg #90 i q AM
Diltiazem CD 180mg #90 i q PM
Lanoxin 0.25mg #180 i bid
allopurinol 100mg #270 iii q day
Prevacid 30mg #90 i q d
} RF x 3

pt will pick up Rx

DEMGL:0015

5-37

4414257

— McCornack, Dan —

2/6/07 - CareMark - Prevacid Sol Tab 30mg #90 ↑ qd RF x3 [illegible]

[illegible]

Date 3/2/07

[illegible] 130/84 P 84 R

T ___ Wt 225 1/2 #

Allergies Sulfa, Septra

Ampacillin

Meds

See med list

44 y/o ♂ c.c. pt here b/c last pm, he started feeling sharp pains under his Ⓛ arm pit, then went down his Ⓛ arm, under Ⓛ shoulder blade, Ⓛ hand were numb, still little numb this am. denies SOB, chest pain. most of the time he doesn't feel good. still having some pain in his Ⓛ chest. sees Dr. VonDollen.

S: - Afib - sees Von Dollen
- Ø diaphoresis Ø chest pressure ↑ pain [illegible]
Smoothly Ⓛ arm
10 yrs ago Ⓝ stress test.
- some upper back spasms last few days
Ø weakness / numbness

PMH - Afib
GERD
Gout.
HLA B27 ⊕
? Ankylosing spondyl

O/E: Genl: AAD, mod obese.
Lungs: RRR, Ø m
Rays - clear
Ⓛ upper ext: Ⓝ Sens, Reflex
Abd - soft NT
~~Ext: ⊕ Tinel / Phalen~~
~~Bilat~~
Ⓛ arm shoulder
Ⓝ Rom NT

ECG
Afib
NO Δ, except voltage ↓ from 2/04

PSH: tonsils
knee surg

FH: CAD 70' grandpa

done
Stat ✓

A: ① Afib - cont Coumadin
② CP - unlikely cardiac since pt (has ⊝ trop, CPK)
③ upper Back strain. ↑ Slight cervical Radiculopathy

P/R ↑ [illegible] [illegible]

[signature]

DEMGL 0014

5-38

McCornack, Dan

Date 4-30-07
(L) BP 132/88 P ____ R ____
T ____ Wt 227 Ht ____
Allergies Sulfa; Septra
Ampicillin
Meds
See Med List

44 y/o ♂ c.c. has burning in his mouth has a spot of concern. Quit chewing tabacco about 2 months ago and then 6 wks ago the burning started. Thinks its time for his annual labs and just review his last visit. AS

- Colonoscopy in Jan - one small polyp.
- noticed possible white spot inside (L) upper lip this am.
- Also burning sensation in jaw at times, bilaterally - Has TMJ.
- Mother recently started c psoriasis. He is HLA B27 (+) and has intermittent rash on knuckles for years.
- Also discussed work stress + his possible depression symptoms. Some lack of motivation + loss of interest in fun activities

O: 2 mm raised red spot on mucosa (L) upper lip
Affect + insight normal
See labs

A: ORAL LESION; High lipids; Stress reaction

P: ENT referral — Ref to Dr Murton. ok
RTC p labs: Dig. CMP, lipids, uric acid, TSH

McCormack, Dan

Date 6-4-07
BP 132/72 P R
T Wt Ht
Allergies Sulfa, Septra
Ampacillin
Meds
See med list

44 y/o ♂ c.c. 1 month flu and labs
Results. Saw Dr. Bukachev 5 kg
and was not impressed with him
Has an appt ē Redwood City to discuss AS
an ablassion done.

Dr Winkle @ Redwood for possible ablation, June 25th for his chronic atrial fib. Oral lesion still "feels funny" at times. He may recheck ē Dr. Buchalevsky.
⊕ HLA B27. Mother ē psoriasis. He would like to see Rheumatology

D See labs uric acid 8.0 Chol 262 HDL 36 TRIG 620
Cor occas irreg.
lungs clear

A: Gout / Hyperlipidemia / chronic A fib

P: lipids, uric acid 3 mths
Low fat, low purine diet.
We discussed med options -

DEMGL:0012

McCornack, Dan

Date 9-6-07
BP 112/72 P R
T Wt 219 Ht
Allergies Sulfa Septra, Ampicillin
Meds See med list

44 y/o ♂ C.C. 3 month flu and labs results. Needs new Rx's for mail away. Wants to discuss his visit with Dr Bukachevsky. He continues with pain and a metalic taste in his mouth. Numbness and tingling in gums. AS

He has been on a strict diet and wants to avoid statin. Gout has been under fairly good control. He likes beer and realizes it may contribute to gout.
Intermittent small lesions on (L) upper lip. Dr B says no oral Cancer. He has a hx of cold sores.

O: See labs 8/31/07

HEENT - (L) upper lip just inside mouth - 2 1mm vesicles
No leukoplakia
Cor RRR S̄M lungs clear Abd benign Extrem

A: Herpes Simplex I - intermittent, chronic
Hyperlipidemia / Gout / Hx AFib

P: Cont diet / meds
Lipids, uric acid in Jan + appt
Rx Zovirax oint

9-6-07 - Written Rx's - Diltiazem CD 300mg q am #90
Diltiazem CD 180mg q pm #90
Lanoxin 0.25mg T bid #180
Allopurinol 100mg #270 iii qd.
Pravachol 30mg #90 T po qd
RF03 GL / AB

11/16/07 - Caremark - Pravachol 30mg #90 T daily RF x3 AB/gs

DEMGL:0011

5-41

MCCORMACK, DAN

Date 12-5-07
BP 124/78 P R
T Wt 224 Ht
Allergies Sulfa; Ampicillin
Septra
Meds
See Med List

44 y/o ♂ C.C. eye irritation, redness, in the (A) eye there looks like there is a lesion near the iris of his eye. Eye site is fine. Eyes do burn a little AS

O: Small pterygium OD c mild scleral injection
No encroachment on iris
Ant chamber clear

A: Pterygium

P: Eye protection
Refresh drops – ℥

McCormack, Dan

Date 1-8-08
BP 146/66 P R
T Wt 225#
Allergies Sulfa, Septra, Ampicillin
Meds See Med List

44 y/o c/o c.c. 4 month f/u and lab results. Discussed labs/↑TRIG wt gain/gout.

O = See labs

A = Hyperlipidemia + low HDL
Wt gain
Gout

Discussed diet/exercise

P: Simvastatin 20mg #90
LFT, Uric Acid, lipid panel 3 mth + appt
PSA, DIG level

1-22-08 PC pt: says simvastatin is causing nausea, neck & back pain, HA. Feels much better as soon as he stops taking it. What to do? ab
226-3132 wk
1/23 LM - Can try another statin - call me

1-23-08 PC pt willing to try another med. Fax Target. Call if you need to speak to him. ab
441-4257 1/24 LOVASTATIN 20 mg 1 q PM #30 Rf 2
faxed AB

3-31-08 PC Kathy Pt expired from heart attack while camping. No chest pain. Wife awakened by his agonal respirations. He expired in the field. Autopsy showed MI. She has good family/friend support

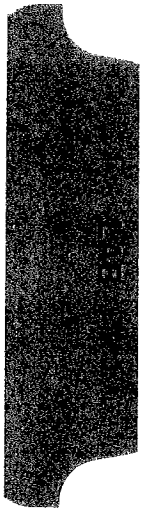
DEMGL:0009

Date 5-13-08
BP ____ P ____ R ____
T ____ Wt ____ Ht ____
Allergies ____
Meds ____

McCormack, Dan

Pt Wife -
She is concerned he may have been on recalled Digoxin & it may have contributed to his MI. However his Dig level was 0. Puzzling because he always took his meds. We reviewed his med list and signs of Dig toxicity - JB

DEMGL:0008



TWIN CITIES COMMUNITY HOSPITAL

1100 LAS TABLAS ROAD
TEMPLETON, CA 93465

CLINICAL LABORATORY
C.L. DOUGLAS, M.D.
DIRECTOR
PHONE 805/434-4501

Patient Name MCCORNACK, DANIEL E Birthdate 02/15/63 Sex M Location LA
MED RECORD # (0000)0103430
Admit Phys LEMM, GORDON MD Consulting Phys

DATE/TIME COLLECTED	PROCEDURE	UNITS	LOW	NORMAL	HIGH	REFERENCE RANGE
08/18/94 0805	GLUCOSE RANDOM	MG/DL		99		(65-105)
	UREA NITROGEN	MG/DL		19		(6-19)
	CREATININE	MG/DL		1.5		(.7-1.5)
	SODIUM	MEQ/L		142		(135-145)
	POTASSIUM	MEQ/L		4.2		(3.6-5.0)
	CHLORIDE	MEQ/L		108		(101-111)
	CALCIUM	MG/DL		9.6		(8.4-10.2)
	URIC ACID SERUM	MG/DL			7.7 H	(3.4-7.0)
	CHOLESTEROL	MG/DL			213 H	(140-200)
	LDH	IU/L		161		(118-273)
	TOTAL PROTEIN	GM/DL		7.1		(6.0-8.0)
	ALBUMIN	GM/DL		4.9		(3.5-5.5)
	GLOBULIN	GM/DL		2.2		(2.0-4.0)
	A/G RATIO			2.2		(1.1-2.2)
	ALK PHOS	IU/L		155		(115-282)
	SGOT(AST)	IU/L		28		(0-37)
	SGPT(ALT)	IU/L			79 H	(0-40)
	BILIRUBIN TOTAL	MG/DL			1.1 H	(0.0-1.0)
	PHOSPHORUS	MG/DL		3.9		(2.5-4.5)
	TRIGLYCERIDES	MG/DL		156		(50-200)
	T4	UG/DL		8.8		(4.2-11.8)
	T3 UPTAKE	%		35.0		(27.8-40.7)
	T7			3.1		(1.4-4.6)
08/18/94 0805	AUTOMATED BLOOD COUNT					
	WBC	10^3		7.3		(4.8-10.8)
	RBC	10^6		5.51		(3.80-6.01)
	HGB	G/DL		15.8		(12.7-17.1)
	HCT	%		47.6		(36.7-50.3)
	MCV	FL		86.3		(81.7-100.5)
	MCHC	%		33.2		(32.8-35.6)
	RDW %	%		12.8		(11.1-14.7)
	PLATELET CT	10^3		162 f		(130-400)

Footnotes
H-HIGH, f = Footnote

2477 (12/92)

TWIN CITIES
COMMUNITY HOSPITAL
1100 LAS TABLAS ROAD
TEMPLETON, CA 93465

CLINICAL LABORATORY
C.L. DOUGLAS, M.D.
DIRECTOR
PHONE 805/434-4501

Patient Name MCCORMACK, DANIEL E Birthdate 02/15/63 Sex M Location LA
MED RECORD # (0000)0103430
Admit Phys LEMM, GORDON MD Consulting Phys

DATE/TIME COLLECTED	PROCEDURE	UNITS	LOW	NORMAL	HIGH	REFERENCE RANGE
PLATELET CT....	————	——	ESTIMATES USED IF AUTOMATED COUNT AND SMEAR DO NOT AGREE.			
			"INCREASE" ->400,000/CMM			
			"NORMAL" =130,000-400,000/CMM			
			"SLTDECR" =100,000-130,000/CMM			
			"DECREASD" =50,000-100,000/CMM			
			"MARKDECR" =<50,000/CMM			
08/18/94						
	U GLUCOSE			NEG		(NEG)
	U BILIRUBIN			NEG		(NEG)
	U KETONES			NEG		(NEG)
	U SP GRAVITY			1.020		
	U BLOOD			NEG		(NEG)
	U PH			5.0		
	U PROTEIN			NEG		(NEG)
	U UROBILINOGEN			NEG		(NEG)
	U NITRATE			NEG		(NEG)
	U LEUK ESTERASE			NEG		(NEG)

2477 (12/92)

TWIN CITIES
COMMUNITY HOSPITAL
1100 LAS TABLAS ROAD
TEMPLETON, CA 93465

CLINICAL LABORATORY
C.L. DOUGLAS M.D., DIRECTOR
JAMES B. HANNA M.D. STEVEN B. JOBST M.D.
DAVID M. LAWRENCE M.D.
LAB PHONE 805 / 434-4501

Patient Name MCCORNACK, DANIEL E Birthdate 02/15/63 Sex M Location LA
MED RECORD # (0000)0103430
Admit Phys LEMM, GORDON MD Consulting Phys VONDOLLEN, L. MD INT

LAST DOSE 03-24-95 0730

DATE/TIME COLLECTED	PROCEDURE	UNITS	LOW	NORMAL	HIGH	REFERENCE RANGE
03/24/95 1630						
	T4	UG/DL		8.9		(4.2-11.8)
	T3 UPTAKE	%		34.5		(27.8-40.7)
	T7			3.1		(1.4-4.6)
	TSH	mIU/ML		1.56		(.32-5.00)
03/24/95 1630						
	DIGOXIN	NG/ML		1.4 f		(0.8-2.0)

DIGOXIN..... ——— —— ADULTS: < 0.5 NG/ML LIKELY INDICATES UNDERDIGITALIZATION.
THERAPEUTIC: 1.0-2.0 NG/ML.
TOXIC: MORE THAN 3.0 NG/ML.

Footnotes
f = Footnote

Patient Name MCCORNACK, DANIEL E Printed 03/27/95 08:14 Page 1 END OF REPORT

2477 (7/94)

DEMGL:0090

Patient Name MCCORMACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Admit Phys LEMM, GORDON MD Consulting FORAN, M.B. Referring FORAN, M.B.

HEMATOLOGY

A Smear Review or Manual Differential may be ordered per protocol to confirm prelim automated WBC classification as indicated.

Procedure	Ref Range	Unit	Specimen Date 06/05/01 Specimen Time 0820 Weekday/Day of Stay TUE 002
AUTOMATED BLOOD COUNT			
PLATELET CT	(130-400)	10^3	154 F
AUTO LYMPH %	(20.0-40.0)	%	23.1
AUTO MONOS %	(5.0-11.0)	%	9.3
AUTO GRAN %	(42.0-75.0)	%	65.3
AUTO EOS %	(0.0-8.0)	%	2.1
AUTO BASO %	(0.0-5.0)	%	0.2
ABS LYMPHS	(1.0-4.3)	10^3	2.2
ABS MONOCYTES	(0.2-1.1)	10^3	0.9
ABS GRANULOCYTE	(2.0-8.1)	10^3	6.4
ABS EOSINOPHILS	(0.0-0.9)	10^3	0.2
ABS BASOPHILS	(0.0-0.5)	10^3	0.0

PLATELET CT (Initial -- Current)
ESTIMATES USED IF AUTOMATED COUNT AND SMEAR DO NOT AGREE.
"INCREASE" -1400,000/CMM
"NORMAL" =130,000-400,000/CMM
"SLTDECR" =100,000-130,000/CMM
"DECREASD" =50,000-100,000/CMM
"MARKDECR" =(50,000/CMM

Footnotes
F = Footnote

Patient Name MCCORMACK, DANIEL E Printed 06/14/01 1017 Page 3 END OF REPORT
INTERIM PATIENT REPORT ..... EMERGENCY ROOM REPORT

TOTAL P.03
DEMGL:0089

5-49

Patient Name MCCORMACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Admit Phys LEMM, GORDON MD Consulting FORAN, M.B. Referring FORAN, M.B.

CARDIAC RISK PROFILE

	Specimen Date	06/05/01
	Specimen Time	0820
	Weekday/Day of Stay	TUE 002
Procedure	Ref Range Unit	
CHOL/HDL RATIO		4.7 f

CHOL/HDL RATIO (02/22/00 -- Current)

CORONARY HEART DISEASE RISK	TOTAL CHOLESTEROL/HDL CHOLESTEROL RATIO
1/2 STANDARD RISK	3.4
STANDARD RISK FEMALE	4.4
STANDARD RISK MALE	5.0
2X STANDARD RISK FEMALE	7.1
2X STANDARD RISK MALE	9.6
3X STANDARD RISK FEMALE	11.0
3X STANDARD RISK MALE	23.4

#LOW DENSITY LIPID (LDL) CALCULATION IS INVALID FOR SPECIMENS WITH A TOTAL TRIGLYCERIDE VALUE OF)400MG/DL#

#LDL VALUES 130-159 (BORDERLINE RISK) : LDL VALUES)160 (HIGH RISK)

SPECIAL CHEMISTRY

	Specimen Date	06/05/01
	Specimen Time	0820
	Weekday/Day of Stay	TUE 002
Procedure	Ref Range Unit	
TSH	(.32-5.00) mIU/ML	2.29

HEMATOLOGY

A Smear Review or Manual Differential may be ordered per protocol to confirm prelim automated WBC classification as indicated.

	Specimen Date	06/05/01
	Specimen Time	0820
	Weekday/Day of Stay	TUE 002
Procedure	Ref Range Unit	
AUTOMATED BLOOD COUNT		
WBC	(4.8-10.8) 10^3	9.7
RBC	(3.80-6.01) 10^6	5.37
HGB	(12.7-17.1) G/DL	16.4
HCT	(36.7-50.3) %	48.2
MCV	(81.7-100.5) FL	89.7
MCHC	(32.8-35.6) %	34.0
RDW %	(11.1-14.7) %	12.4

Footnotes
f = Footnote

Printed 06/14/01 Time 1017
Page 1

TWIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road
Templeton, California 93465
C.L.Douglas M.D .,Director

STAT REPORT
PHONE REPORT
EXPEDITE REPORT

James B. Hannah, M.D. Steven B. Jobst, M. D. . David M. Lawrence, M.D. PATHOLOGISTS

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430 Birthdate 02/15/1963
Nursing Station LA Room Number
Admit Phys LEMM, GORDON MD Consulting FORAN, M.B. Referring FORAN, M.B.

CHEMISTRY

			Specimen Date	06/05/01
			Specimen Time	0820
			Weekday/Day of Stay	TUE 002
Procedure	Ref Range	Unit		
ROUTINE CHEMISTRY				
GLUCOSE RANDOM	(70-110)	MG/DL	105	
UREA NITROGEN	(8-21)	MG/DL	23 H	
CREATININE	(.9-1.5)	MG/DL	1.2	
SODIUM	(134-145)	MEQ/L	138	
POTASSIUM	(3.5-5.1)	MEQ/L	4.6	
CHLORIDE	(98-107)	MEQ/L	100	
TOTAL CO2	(21.0-31.0)	MEQ/L	29.6	
ANION GAP			13.0	
CALCIUM	(8.4-10.4)	MG/DL	9.9	
TOTAL PROTEIN	(6.0-8.3)	GM/DL	6.9	
ALBUMIN	(3.5-5.0)	GM/DL	4.8	
ALK PHOS	(45-122)	IU/L	60	
SGOT(AST)	(10-34)	IU/L	22	
SGPT(ALT)	(10-44)	IU/L	46 H	
BILIRUBIN TOTAL	(0.2-1.3)	MG/DL	1.0	

CARDIAC RISK PROFILE

			Specimen Date	06/05/01
			Specimen Time	0820
			Weekday/Day of Stay	TUE 002
Procedure	Ref Range	Unit		
CHOLESTEROL	(100-200)	MG/DL	212 H	
TRIGLYCERIDES	(40-160)	MG/DL	263 H	
HDL CHOLESTEROL	(35.0-55.0)	MG/DL	44.7	
LDL CHOLESTEROL	(0-130)	MG/DL	115	

Footnotes
H = High

5-51

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430 ** OUTPATIENT FINAL REPORT *
Nursing Station LA Room
Admit Phys LEMM, GORDON MD Consulting WATSON,D(959LASTABL) Referring YAMAGATA, NELSON

SPECIAL HEMATOLOGY

	Specimen Date		08/01/01
	Specimen Time		0855
	Weekday/Day of Stay		WED 002
Procedure	Ref Range	Unit	
SED RATE	(0-10)	MM/HR	10

SEROLOGY/IMMUNOLOGY

	Specimen Date		08/01/01
	Specimen Time		0855
	Weekday/Day of Stay		WED 002
Procedure	Ref Range	Unit	
RA FACTOR TITER	(0-10)	IU/ML	9
CRP	(0.0-0.5)	MG/DL	0.2

REFERENCE LABORATORY SECTION

	Specimen Date		08/01/01	
	Specimen Time		0855	
	Weekday/Day of Stay		WED 002	
Procedure	Ref Range	Unit		
				SIERRA VISTA HOSPITAL
VIT B-12		pg/mL	SEE REPT	
				SMITH KLINE LABORATORIES
ANA SKBL @			SEE REPT	
				SIERRA VISTA HOSPITAL
RPR			SEE REPT	

Printed 08/02/01 Time 0632 TWIN CITIES COMMUNITY HOSPITAL
1 Clinical Laboratory
1100 Las Tablas Road ***OUTPATIENT FINAL REPORT***
Templeton, California 93465
C.L.Douglas M.D .,Director

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430 Birthdate 02/15/1963
Nursing Station LA Room Number
Admit Phys LEMM, GORDON MD Consulting WATSON,D(959LASTABL) Referring YAMAGATA, NELSON
MISSION MEDICAL CLIN HIST #

LAST DOSE 7-31 0500

CHEMISTRY

	Specimen Date		08/01/01
	Specimen Time		0855
	Weekday/Day of Stay		WED 002
Procedure	Ref Range	Unit	
URIC ACID SERUM	(3.4-7.0)	MG/DL	10.2 H

THERAPEUTIC DRUGS/TOXICOLOGY/ANTIBIOTIC LEVELS

	Specimen Date		08/01/01
	Specimen Time		0855
	Weekday/Day of Stay		WED 002
Procedure	Ref Range	Unit	
DIGOXIN	(0.8-2.0)	NG/ML	1.7

GLYCEMIA STUDIES

08/01/01 0855
GLYCOHEMOGLOBIN 4.8 f %
GLYCOHEMOGLOBIN (07/19/01 -- Current)

Expected Range: 4.4% to 5.8%

Values less than 7.0% meet the treatment goal of the American Diabetes Association (ADA) for patients with Diabetes Mellitus. The ADA suggests additional action for values greater than 8.0%.

...notes
= High, f = Footnote

5-53

12:31 AUG 31, 2001 ID: SVRM LAB TEL NO: 805-546-7755 #576634 PAGE: 1/1

08/31/01 SIERRA VISTA REGIONAL MEDICAL CENTER PAGE: 1
12:22 1010 MURRAY AVE., SAN LUIS OBISPO CA. 93405 (805) 546-7790
CENTRAL COAST PATHOLOGY CONSULTANTS; JAMES HANNAH, MD. DIRECTOR

NAME:MCCORNACK, DANIEL ID:T8938568 SEX: M AGE: 38

LOC: BDTC - OP ADMITTING DATE: 8/01/01 DOB: 2/15/1963

ACCESSION:1213-GL7335 ADMITTING DOCTOR:YAMAGATA, NELSON MD
COPIES TO: WATSON, DAVID* /
COLLECTED: 8/01/01 08:55 BY: 324
CLIN HISTORY #: COMPLETED: 8/02/01 17:59

COMMENTS: --CHART FINAL--

PROCEDURE	RESULT	GRAPHIC	-EXPECTED RANGE-	UNITS	CERT
VITAMIN B12	536	[*]	211-911	PG/ML	RH033
RPR (SERUM VDRL)	NON-REACT		NON REACTIVE		MH

LAST PAGE OF REPORT

AUG-31-2001 12:30 P.01/01

93465001 805-434-4501
TIN CITIES COMM.HOSP.
1100 LAS TABLAS
TEMPLETON CA 93465

Quest Diagnostics

LABORATORY REPORT

Patient Name	Patient ID	Room No.	Age	Sex	Physician
MCCORMACK,DANIEL	103430		39	M	YAMAGATA

Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time
1	0022486	WD739757G	0022486	08/01/2001 08:55	08/01/2001	08/02/2001 18:00

Remarks
CC//WATSON

FINAL

		TITER	WD
ANTINUCLEAR ANTIBODIES W/REFL TITER & PATTERN			
ANTINUCLEAR ANTIBODIES	<1:40		

REFERENCE RANGE:

<1:40	NEGATIVE
1:40 - 1:80	LOW ANTIBODY LEVEL
>1:80	ELEVATED ANTIBODY LEVEL

'WD ' refers to site: QUEST DIAGNOSTICS-LOS ANGELES (METRO)
7600 TYRONE AVENUE
VAN NUYS CA 91405
(818) 989-2520
GEOFFREY H. MOYER, PH.D.

>> END OF REPORT <<

Mr

TOTAL P.01

DEMGL:0083

5-55

TWIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road
Templeton, California 93465
C.L.Douglas M.D.,Director
James B. Hannah, M.D. Steven B. Jobst, M.D. David M. Lawrence, M.D.
PATHOLOGISTS

MCCORNACK, DANIEL E
Birthdate 02/15/1963
Nursing Station UT Room Number
Admitting ED PHYSICIAN Referring ED PHYSICIAN

Medical Record (0000)0103430
Account Number 9195637

CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 11/13/01 Specimen Time 1858 Weekday/Day of Stay TUE 001
ROUTINE CHEMISTRY			
GLUCOSE RANDOM	(70-110)	MG/DL	150 H
UREA NITROGEN	(8-21)	MG/DL	21
CREATININE	(.9-1.5)	MG/DL	1.0
SODIUM	(134-145)	MEQ/L	139
POTASSIUM	(3.5-5.1)	MEQ/L	4.2
CHLORIDE	(98-107)	MEQ/L	102
TOTAL CO2	(21.0-31.0)	MEQ/L	32.3 H
ANION GAP			8.9
URIC ACID	(3.4-7.0)	MG/DL	7.3 H
CALCIUM	(8.4-10.4)	MG/DL	10.2
TOTAL PROTEIN	(6.0-8.3)	GM/DL	7.3
ALBUMIN	(3.5-5.0)	GM/DL	5.1 H
ALK PHOS	(45-122)	IU/L	70
SGOT(AST)	(10-34)	IU/L	36 H
SGPT(ALT)	(10-44)	IU/L	103 H
BILIRUBIN TOTAL	(0.2-1.3)	MG/DL	1.1

 END OF REPORT

TWIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road
Templeton, California 93465
C.L.Douglas M.D.,Director
James B. Hannah, M.D. Steven B. Jobst, M.D. David M. Lawrence, M.D.
PATHOLOGISTS

MCCORNACK, DANIEL E — Medical Record (0000)0103430
Birthdate 02/15/1963 — Account Number 9301201
Nursing Station LA Room Number
Admitting LEMM, GORDON MD Referring LEMM, GORDON MD

CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 01/05/02 Specimen Time 1050 Weekday/Day of Stay SAT 001
ROUTINE CHEMISTRY			
GLUCOSE RANDOM	(70-110)	MG/DL	98
UREA NITROGEN	(8-21)	MG/DL	23 H
CREATININE	(.9-1.5)	MG/DL	1.2
SODIUM	(134-145)	MEQ/L	142
POTASSIUM	(3.5-5.1)	MEQ/L	4.4
CHLORIDE	(98-107)	MEQ/L	101
TOTAL CO2	(21.0-31.0)	MEQ/L	30.7
ANION GAP			14.7
URIC ACID	(3.4-7.0)	MG/DL	7.7 H
CALCIUM	(8.4-10.4)	MG/DL	9.8
TOTAL PROTEIN	(6.0-8.3)	GM/DL	6.9
ALBUMIN	(3.5-5.0)	GM/DL	4.8
ALK PHOS	(45-122)	IU/L	68
SGOT(AST)	(10-34)	IU/L	28
SGPT(ALT)	(10-44)	IU/L	68 H
BILIRUBIN TOTAL	(0.2-1.3)	MG/DL	1.1

 END OF REPORT

[FAXED REPORTS ARE CONFIDENTIAL AND INTENDED FOR PHYSICIAN ONLY.
IF RECEIVED IN ERROR. PLEASE CALL (805) 434-4501].

TWIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road
Templeton, California 93465
C.L.Douglas M.D.,Director
James B. Hannah, M.D. Steven B. Jobst, M.D. David M. Lawrence, M.D.
PATHOLOGISTS

MCCORNACK, DANIEL E — Medical Record (0000)0103430
Birthdate 02/15/1963 — Account Number 9387853
Nursing Station LA Room Number
Admitting LEMM, GORDON MD Referring LEMM, GORDON MD

CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 02/14/02 Specimen Time 1900 Weekday/Day of Stay THU 001
ROUTINE CHEMISTRY			
GLUCOSE RANDOM	(70-110)	MG/DL	119 H
UREA NITROGEN	(8-21)	MG/DL	17
CREATININE	(.9-1.5)	MG/DL	1.2
SODIUM	(134-145)	MEQ/L	139
POTASSIUM	(3.5-5.1)	MEQ/L	4.2
CHLORIDE	(98-107)	MEQ/L	100
TOTAL CO2	(21.0-31.0)	MEQ/L	28.3
ANION GAP			14.9
URIC ACID	(3.4-7.0)	MG/DL	7.3 H
CALCIUM	(8.4-10.4)	MG/DL	10.3
TOTAL PROTEIN	(6.0-8.3)	GM/DL	6.9
ALBUMIN	(3.5-5.0)	GM/DL	4.7
ALK PHOS	(45-122)	IU/L	70
SGOT(AST)	(10-34)	IU/L	31
SGPT(ALT)	(10-44)	IU/L	76 H
BILIRUBIN TOTAL	(0.2-1.3)	MG/DL	1.3

MCCORNACK, DANIEL E 02/15/02 0611 Page 1 END OF REPORT

[FAXED REPORTS ARE CONFIDENTIAL AND INTENDED FOR PHYSICIAN ONLY. IF RECEIVED IN ERROR, PLEASE CALL (805) 434-4501].

TWIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road
Templeton, California 93465
C.L.Douglas M.D.,Director
James B. Hannah, M.D. Steven B. Jobst, M.D. David M. Lawrence, M.D.
PATHOLOGISTS

MCCORNACK, DANIEL E
Birthdate 02/15/1963
Nursing Station LA Room Number
Admitting LEMM, GORDON MD
Referring LEMM, GORDON MD

Medical Record (0000)0103430
Account Number 9616855
Consulting LEMM, GORDON MD

CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 05/15/02 Specimen Time 1341 Weekday/Day of Stay WED 001
ROUTINE CHEMISTRY			
GLUCOSE RANDOM	(70-110)	MG/DL	102
UREA NITROGEN	(8-21)	MG/DL	17
CREATININE	(.9-1.5)	MG/DL	1.1
SODIUM	(134-145)	MEQ/L	140
POTASSIUM	(3.5-5.1)	MEQ/L	4.1
CHLORIDE	(98-107)	MEQ/L	103
TOTAL CO2	(21.0-31.0)	MEQ/L	28.7
ANION GAP			12.4
URIC ACID	(3.4-7.0)	MG/DL	7.4 H
CALCIUM	(8.4-10.4)	MG/DL	9.5
TOTAL PROTEIN	(6.0-8.3)	GM/DL	6.5
ALBUMIN	(3.5-5.0)	GM/DL	4.7
ALK PHOS	(45-122)	IU/L	63
SGOT(AST)	(10-34)	IU/L	30
SGPT(ALT)	(10-44)	IU/L	75 H
BILIRUBIN TOTAL	(0.2-1.3)	MG/DL	1.4 H

WIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road
Templeton, California 93465
C.L.Douglas M.D.,Director
James B. Hannah, M.D. Steven B. Jobst, M.D. David M. Lawrence, M.D.
PATHOLOGISTS

MCCORNACK, DANIEL E — Medical Record (0000)0103430
Birthdate 02/15/1963 — Account Number 9821109
Nursing Station LA Room Number
Admitting LEMM, GORDON MD — Consulting LEMM, GORDON MD
Referring LEMM, GORDON MD

CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 08/16/02 Specimen Time 1020 Weekday/Day of Stay 00
ROUTINE CHEMISTRY			
GLUCOSE RANDOM	(70-110)	MG/DL	110
UREA NITROGEN	(8-21)	MG/DL	20
CREATININE	(.9-1.5)	MG/DL	1.6 H
SODIUM	(134-145)	MEQ/L	143
POTASSIUM	(3.5-5.1)	MEQ/L	4.1
CHLORIDE	(98-107)	MEQ/L	105
TOTAL CO2	(21.0-31.0)	MEQ/L	32.2 H
ANION GAP			9.9
URIC ACID	(3.4-7.0)	MG/DL	7.9 H
CALCIUM	(8.4-10.4)	MG/DL	9.2
TOTAL PROTEIN	(6.0-8.3)	GM/DL	6.8
ALBUMIN	(3.5-5.0)	GM/DL	4.6
ALK PHOS	(45-122)	IU/L	69
SGOT(AST)	(10-34)	IU/L	28
SGPT(ALT)	(10-44)	IU/L	62 H
BILIRUBIN TOTAL	(0.2-1.3)	MG/DL	1.4 H

MCCORNACK, DANIEL E 08/17/02 0635 Page 1 END OF REPORT

[FAXED REPORTS ARE CONFIDENTIAL AND INTENDED FOR PHYSICIAN ONLY.
IF RECEIVED IN ERROR. PLEASE CALL (805) 434-4501]

TWIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road
Templeton, California 93465
C.L.Douglas M.D.,Director
James B. Hannah, M.D. Steven B. Jobst, M.D. David M. Lawrence, M.D.
PATHOLOGISTS

MCCORNACK, DANIEL E
Birthdate 02/15/1963
Nursing Station LA Room Number
Admitting LEMM, GORDON MD
Referring LEMM, GORDON MD

Medical Record (0000)0103430
Account Number 0019810
Consulting VONDOLLEN, L. MD

CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 11/14/02 Specimen Time 0840 Weekday/Day of Stay THU 001
ROUTINE CHEMISTRY			
GLUCOSE RANDOM	(70-110)	MG/DL	130 H
UREA NITROGEN	(8-21)	MG/DL	24 H
CREATININE	(.9-1.5)	MG/DL	1.4
SODIUM	(134-145)	MEQ/L	141
POTASSIUM	(3.5-5.1)	MEQ/L	4.2
CHLORIDE	(98-107)	MEQ/L	100
TOTAL CO2	(21.0-31.0)	MEQ/L	31.1 H
ANION GAP			14.1
URIC ACID	(3.4-7.0)	MG/DL	8.2 H
CALCIUM	(8.4-10.4)	MG/DL	10.5 H
TOTAL PROTEIN	(6.0-8.3)	GM/DL	7.6
ALBUMIN	(3.5-5.0)	GM/DL	4.6
ALK PHOS	(45-122)	IU/L	76
SGOT(AST)	(10-34)	IU/L	33
SGPT(ALT)	(10-44)	IU/L	82 H
BILIRUBIN TOTAL	(0.2-1.3)	MG/DL	1.0

THERAPEUTIC DRUGS/ TOXICOLOGY

Procedure	Ref Range	Unit	Specimen Date 11/14/02 Specimen Time 0840 Weekday/Day of Stay THU 001
DIGOXIN	(0.8-2.0)	NG/ML	1.5

MCCORNACK, DANIEL E 11/15/02 0344 Page 1 END OF REPORT

WIN CITIES COMMUNITY HOSPITA
Clinical Laboratory
1100 Las Tablas Road
Templeton, California 93465
C.L.Douglas M.D.,Director
James B. Hannah, M.D. Steven B. Jobst, M.D. David M. Lawrence, M.D.
PATHOLOGISTS

MCCORNACK, DANIEL E — Medical Record (0000)0103430
Birthdate 02/15/1963 — Account Number 0223050
Nursing Station LA Room Number
Admitting LEMM, GORDON MD — Consulting LEMM, GORDON MD
Referring LEMM, GORDON MD

CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 02/15/03 Specimen Time 0950 Weekday/Day of Stay SAT 002
ROUTINE CHEMISTRY			
GLUCOSE RANDOM	(70-110)	MG/DL	91
UREA NITROGEN	(8-21)	MG/DL	24 H
CREATININE	(.9-1.5)	MG/DL	1.2
SODIUM	(134-145)	MEQ/L	142
POTASSIUM	(3.5-5.1)	MEQ/L	4.3
CHLORIDE	(98-107)	MEQ/L	105
TOTAL CO2	(21.0-31.0)	MEQ/L	28.0
ANION GAP			13.3
URIC ACID	(3.4-7.0)	MG/DL	7.3 H
CALCIUM	(8.4-10.4)	MG/DL	9.7
TOTAL PROTEIN	(6.0-8.3)	GM/DL	6.5
ALBUMIN	(3.5-5.0)	GM/DL	4.2
ALK PHOS	(45-122)	IU/L	58
SGOT(AST)	(10-34)	IU/L	24
SGPT(ALT)	(10-44)	IU/L	58 H
BILIRUBIN TOTAL	(0.2-1.3)	MG/DL	0.9

CARDIAC RISK PROFILE

Procedure	Ref Range	Unit	Specimen Date 02/15/03 Specimen Time 0950 Weekday/Day of Stay SAT 002
CHOLESTEROL	(100-200)	MG/DL	231 H
TRIGLYCERIDES	(40-160)	MG/DL	284 H
HDL CHOLESTEROL	(35.0-55.0)	MG/DL	38.3
LDL CHOLESTEROL	(0-130)	MG/DL	136 H

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Admitting LEMM, GORDON MD Referring LEMM, GORDON MD

CARDIAC RISK PROFILE

Procedure	Ref Range	Unit	Specimen Date 02/15/03 Specimen Time 0950 Weekday/Day of Stay SAT 002
CHOL/HDL RATIO			6.0 H

CHOL/HDL RATIO (07/23/01 -- Current)

CORONARY HEART DISEASE RISK	CHOLESTEROL/HDL RATIO
1/2 STANDARD RISK	3.4
STANDARD RISK FEMALE	4.4
STANDARD RISK MALE	5.0
2X STANDARD RISK FEMALE	7.1
2X STANDARD RISK MALE	9.6
3X STANDARD RISK FEMALE	11.0
3X STANDARD RISK MALE	23.4

LOW DENSITY LIPID (LDL) CALCULATION IS INVALID FOR SPECIMENS WITH A TOTAL TRIGLYCERIDE VALUE OF >400MG/DL

*LDL VALUES 130-159 (BORDERLINE RISK)
* LDL VALUES >160 (HIGH RISK)

HEMATOLOGY

A smear review or manual differential may be ordered per protocol to confirm preliminary automated WBC classification as indicated.

Procedure	Ref Range	Unit	Specimen Date 02/15/03 Specimen Time 0950 Weekday/Day of Stay SAT 002
AUTOMATED BLOOD COUNT			
WBC	(4.8-10.8)	10^3	9.3
RBC	(3.80-6.01)	10^6	5.43
HGB	(12.7-17.1)	G/DL	17.0
HCT	(36.7-50.3)	%	48.9
MCV	(81.7-100.5)	FL	90.1
MCHC	(32.8-35.6)	%	34.6
RDW %	(11.1-14.7)	%	12.5
PLATELET CT	(130-400)	10^3	168 f

PLATELET CT (Initial -- Current)
ESTIMATES USED IF AUTOMATED COUNT AND SMEAR DO NOT AGREE.
"INCREASE" ->400,000/CMM
"NORMAL" =130,000-400,000/CMM
"SLTDECR" =100,000-130,000/CMM
"DECREASD" =50,000-100,000/CMM
"MARKDECR" =<50,000/CMM

TWIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road Templeton CA, 93465
C.L. Douglas M. D., Director
Steven B. Jobst, M.D., Kurt Lundquist, M.D Pathologists

MCCORNACK, DANIEL E — Medical Record (0000)0103430
Birthdate 02/15/1963 — Account Number 0634700
Nursing Station LA Room Number
Admitting LEMM - Do NOT Fax-->
Consulting LEMM - Do NOT Fax-->MAIL
Referring LEMM - Do NOT Fax-->MAIL

CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 08/08/03 Specimen Time 0841 Weekday/Day of Stay FRI 001
ROUTINE CHEMISTRY			
GLUCOSE RANDOM	(70-110)	MG/DL	103
UREA NITROGEN	(8-21)	MG/DL	21
CREATININE	(.9-1.5)	MG/DL	1.2
SODIUM	(134-145)	MEQ/L	142
POTASSIUM	(3.5-5.1)	MEQ/L	4.2
CHLORIDE	(98-107)	MEQ/L	103
TOTAL CO2	(21.0-31.0)	MEQ/L	26.6
ANION GAP			16.6
URIC ACID	(3.4-7.0)	MG/DL	7.0
CALCIUM	(8.4-10.4)	MG/DL	9.5
TOTAL PROTEIN	(6.0-8.3)	GM/DL	6.5
ALBUMIN	(3.5-5.0)	GM/DL	4.2
ALK PHOS	(45-122)	IU/L	58
SGOT(AST)	(10-34)	IU/L	17
SGPT(ALT)	(10-44)	IU/L	35
BILIRUBIN TOTAL	(0.2-1.3)	MG/DL	1.0

CARDIAC RISK PROFILE

Procedure	Ref Range	Unit	Specimen Date 08/08/03 Specimen Time 0841 Weekday/Day of Stay FRI 001
CHOLESTEROL	(100-200)	MG/DL	208 H
TRIGLYCERIDES	(40-160)	MG/DL	140
HDL CHOLESTEROL	(35.0-55.0)	MG/DL	42.9
LDL CHOLESTEROL	(0-130)	MG/DL	137 H

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Admitting LEMM - Do NOT Fax--> Referring LEMM - Do NOT Fax-->MAIL

CARDIAC RISK PROFILE

Procedure	Ref Range	Unit	Specimen Date 08/08/03 Specimen Time 0841 Weekday/Day of Stay FRI 001
CHOL/HDL RATIO			4.8 f

CHOL/HDL RATIO (07/23/01 -- Current)

CORONARY HEART DISEASE RISK	CHOLESTEROL/HDL RATIO
1/2 STANDARD RISK	3.4
STANDARD RISK FEMALE	4.4
STANDARD RISK MALE	5.0
2X STANDARD RISK FEMALE	7.1
2X STANDARD RISK MALE	9.6
3X STANDARD RISK FEMALE	11.0
3X STANDARD RISK MALE	23.4

LOW DENSITY LIPID (LDL) CALCULATION IS INVALID FOR SPECIMENS WITH A TOTAL TRIGLYCERIDE VALUE OF >400MG/DL

*LDL VALUES 130-159 (BORDERLINE RISK)
* LDL VALUES >160 (HIGH RISK)

HEMATOLOGY

A smear review or manual differential may be ordered per protocol to confirm preliminary automated WBC classification as indicated.

Procedure	Ref Range	Unit	Specimen Date 08/08/03 Specimen Time 0841 Weekday/Day of Stay FRI 001
AUTOMATED BLOOD COUNT			
WBC	(4.8-10.8)	10^3	8.2
RBC	(3.80-6.01)	10^6	5.28
HGB	(12.7-17.1)	G/DL	16.7
HCT	(36.7-50.3)	%	48.3
MCV	(81.7-100.5)	FL	91.4
MCHC	(32.8-35.6)	%	34.7
RDW %	(11.1-14.7)	%	12.9
PLATELET CT	(130-400)	10^3	159 f

PLATELET CT (Initial -- Current)
ESTIMATES USED IF AUTOMATED COUNT AND SMEAR DO NOT AGREE.
"INCREASE" ->400,000/CMM
"NORMAL" =130,000-400,000/CMM
"SLTDECR" =100,000-130,000/CMM
"DECREASD" =50,000-100,000/CMM
"MARKDECR" =<50,000/CMM

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Admitting LEMM - Do NOT Fax--> Referring VONDOLLEN, L. MD

HEMATOLOGY

A smear review or manual differential may be ordered per protocol to confirm preliminary automated WBC classification as indicated.

Procedure	Ref Range	Unit	Specimen Date 02/20/04 Specimen Time 0820 Weekday/Day of Stay FRI 002
AUTOMATED BLOOD COUNT			
WBC	(4.8-10.8)	10 3	9.5
RBC	(3.80-6.01)	10 6	5.45
HGB	(12.7-17.1)	g/dL	16.9
HCT	(36.7-50.3)	%	48.9
MCV	(81.7-100.5)	FL	89.8
MCHC	(32.8-35.6)	%	34.6
RDW %	(11.1-14.7)	%	12.6
PLATELET CT	(130-400)	10 3	167 f

PLATELET CT (Initial -- Current)
ESTIMATES USED IF AUTOMATED COUNT AND SMEAR DO NOT AGREE.
"INCREASE" ->400,000/CMM
"NORMAL" =130,000-400,000/CMM
"SLTDECR" =100,000-130,000/CMM
"DECREASD" =50,000-100,000/CMM
"MARKDECR" =<50,000/CMM

ROUTINE URINALYSIS

Procedure	Ref Range	Unit	Specimen Date 02/20/04 Specimen Time 0820 Weekday/Day of Stay FRI 002
MICROSCOPIC URINALYSIS			
URINE TYPE			MID STRM
WBC/HPF			0-3
RBC/HPF			0-1
BACTERIA			OCC
SQUAMOUS EPITH			0-2

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Admitting LEMM - Do NOT Fax--> Referring VONDOLLEN, L. MD

ROUTINE URINALYSIS

		Specimen Date	02/20/04
		Specimen Time	0820
		Weekday/Day of Stay	FRI 002
Procedure	Ref Range	Unit	
URINE TYPE			MID STRM
WBC/HPF			0-3
RBC/HPF			0-1
BACTERIA			OCC
SQUAM EPI/HPF			0-2

MCCORNACK, DANIEL E 02/21/04 0209 Page 4 END OF REPORT

[FAXED REPORTS ARE CONFIDENTIAL AND INTENDED FOR PHYSICIAN ONLY.
IF RECEIVED IN ERROR. PLEASE CALL (805) 434-4501]

WIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road Templeton CA, 93465
C.L. Douglas M. D., Director
Steven B. Jobst, M.D., Kurt Lundquist, M.D Pathologists

MCCORNACK, DANIEL E
Birthdate 02/15/1963
Nursing Station LA Room Number
Admitting LEMM - Do NOT Fax-->
Referring LEMM - Do NOT Fax-->MAIL

Medical Record (0000)0103430
Account Number 1130811

Consulting VONDOLLEN, L. MD

LAST DOSE 2-19 1930

CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 02/20/04 Specimen Time 0820 Weekday/Day of Stay FRI 002
ROUTINE CHEMISTRY			
GLUCOSE RANDOM	(70-110)	mg/dL	109
UREA NITROGEN	(8-21)	mg/dL	27 H
CREATININE	(.9-1.5)	mg/dL	1.1
SODIUM	(134-145)	mEq/L	143
POTASSIUM	(3.5-5.1)	mEq/L	4.4
CHLORIDE	(98-107)	mEq/L	102
TOTAL CO2	(21.0-31.0)	mEq/L	32.6 H
ANION GAP			12.8
URIC ACID	(3.4-7.0)	MG/DL	6.9
CALCIUM	(8.4-10.4)	mg/dL	9.8
TOTAL PROTEIN	(6.0-8.3)	g/dL	7.0
ALBUMIN	(3.5-5.0)	g/dL	4.7
ALK PHOS	(45-122)	IU/L	61
SGOT(AST)	(10-34)	IU/L	21
SGPT(ALT)	(10-44)	IU/L	47 H
BILIRUBIN TOTAL	(0.2-1.3)	mg/dL	0.6

CARDIAC RISK PROFILE

Procedure	Ref Range	Unit	Specimen Date 02/20/04 Specimen Time 0820 Weekday/Day of Stay FRI 002
CHOLESTEROL	(100-200)	mg/dL	254 H
TRIGLYCERIDES	(40-160)	mg/dL	229 H
HDL CHOLESTEROL	(35.0-55.0)	mg/dL	43.5
LDL CHOLESTEROL	(0-130)	mg/dL	165 H

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Admitting LEMM - Do NOT Fax--> Referring VONDOLLEN, L. MD

CARDIAC RISK PROFILE

Procedure	Ref Range	Unit	Specimen Date 02/20/04 Specimen Time 0820 Weekday/Day of Stay FRI 002
CHOL/HDL RATIO			5.8 Hf

CHOL/HDL RATIO (07/23/01 -- Current)

CORONARY HEART DISEASE RISK	CHOLESTEROL/HDL RATIO
1/2 STANDARD RISK	3.4
STANDARD RISK FEMALE	4.4
STANDARD RISK MALE	5.0
2X STANDARD RISK FEMALE	7.1
2X STANDARD RISK MALE	9.6
3X STANDARD RISK FEMALE	11.0
3X STANDARD RISK MALE	23.4

LOW DENSITY LIPID (LDL) CALCULATION IS INVALID FOR SPECIMENS WITH A TOTAL TRIGLYCERIDE VALUE OF >400MG/DL

*LDL VALUES 130-159 (BORDERLINE RISK)
* LDL VALUES >160 (HIGH RISK)

THERAPEUTIC DRUGS/ TOXICOLOGY

Procedure	Ref Range	Unit	Specimen Date 02/20/04 Specimen Time 0820 Weekday/Day of Stay FRI 002
DIGOXIN	(0.8-2.0)	NG/ML	1.8

SPECIAL CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 02/20/04 Specimen Time 0820 Weekday/Day of Stay FRI 002
T4	(4.0-12.0)	UG/DL	7.5
TSH	(.32-5.00)	mIU/ML	3.24

04/04/04
10:58

SIERRA VISTA REGIONAL MEDICAL CENTER
1010 MURRAY AVE., SAN LUIS OBISPO, CA 93405 (805) 546-7790
CENTRAL COAST PATHOLOGY CONSULTANTS; JAMES HANNAH, MD. DIRECTOR

PAGE: 1

AME: **MCCORNACK, DANIEL E** ID: **5079063** SEX: M AGE: 41
DOB: 2/15/1963

LOC: SP -

ACCESSION: **4093-MB0010** ADMITTING DOCTOR: LEMM, GORDON
COPIES TO: LEMM, GORDON /

COLLECTED: DROP DATE: 4/01/04 TIME: 15:30
COMPLETED: DATE: 4/04/04 TIME: 10:49

***** FINAL REPORT *****

SPECIMEN TYPE: URINE
BODY SITE:
COMMENT:

URINE CULTURE (includes colony count)

NO GROWTH (standard colony count loop size of 0.001 ml used)

4/6/04 Patient notified by Alkalmanrma

***** MICROBIOLOGY REPORT - FINAL *****

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430
ing Station LA Room
Phys LEMM - Do NOT Fax-->MAIL Consulting LEMM - Do NOT Fax-->MAIL Referring LEMM - Do NOT Fax-->MAIL

SEROLOGY/IMMUNOLOGY

Specimen Date	04/02/04
Specimen Time	0845
Weekday/Day of Stay	FRI 001

Procedure	Ref Range	Unit	
CRP	(0.00-0.50)	MG/DL	0.39 f

CRP (06/19/03 -- Current)
ADULT EXPECTED VALUE = Less than 0.50.

NEWBORN EXPECTED VALUES:
0 DAY < .06 mg/dL
1 DAY < .32 mg/dL
1 WEEK < .16 mg/dL

Footnotes
f - Footnote

Patient Name MCCORNACK, DANIEL E Printed 04/06/04 1223 Page 3 END OF REPORT
*** INTERIM PATIENT REPORT ..... EMERGENCY ROOM REPORT ***

[FAXED REPORTS ARE CONFIDENTIAL AND INTENDED FOR PHYSICIAN ONLY. IF RECEIVED IN ERROR, PLEASE CALL 434-4501.]

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Unit Phys LEMM - Do NOT Fax-->MAIL Consulting LEMM - Do NOT Fax-->MAIL Referring LEMM - Do NOT Fax-->MAIL

HEMATOLOGY

A Smear Review or Manual Differential may be ordered per protocol to confirm prelim automated WBC classification as indicated.

			Specimen Date 04/02/04 Specimen Time 0845 Weekday/Day of Stay FRI 001
Procedure	Ref Range	Unit	
AUTOMATED BLOOD COUNT			
WBC	(4.8-10.8)	10 3	9.9
RBC	(3.80-6.01)	10 6	5.17
HGB	(12.7-17.1)	g/dL	16.2
HCT	(36.7-50.3)	%	46.5
MCV	(81.7-100.5)	FL	89.9
MCHC	(32.8-35.6)	%	34.9
RDW %	(11.1-14.7)	%	12.6
PLATELET CT	(130-400)	10 3	165 f
AUTO LYMPH %	(20.0-40.0)	%	17.9 L
AUTO MONOS %	(5.0-11.0)	%	10.9
AUTO GRAN %	(42.0-75.0)	%	70.2
AUTO EOS %	(0.0-8.0)	%	0.7
AUTO BASO %	(0.0-5.0)	%	0.3
ABS LYMPHS	(1.0-4.3)	10 3	1.8
ABS MONOCYTES	(0.2-1.1)	10 3	1.1
ABS GRAN (ANC)	(2.0-8.1)	10 3	6.9
ABS EOSINOPHILS	(0.0-0.9)	10 3	0.1
ABS BASOPHILS	(0.0-0.5)	10 3	0.0

PLATELET CT (Initial -- Current)
ESTIMATES USED IF AUTOMATED COUNT AND SMEAR DO NOT AGREE.
"INCREASD" ->400,000/CMM
"NORMAL" =130,000-400,000/CMM
"SLTDECR" =100,000-130,000/CMM
"DECREASD" =50,000-100,000/CMM
"MARKDECR" =<50,000/CMM

SPECIAL HEMATOLOGY

			Specimen Date 04/02/04 Specimen Time 0845 Weekday/Day of Stay FRI 001
Procedure	Ref Range	Unit	
SED RATE	(0-10)	MM/HR	5

Footnotes
L = Low, f = Footnote

Printed 04/06/04 Time 1223
Page 1

TWIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road Templeton CA 93465
C.L. Douglas M.D. Director
Steven B. Jobst M.D., Kurt Lundquist M.D. Pathologists

STAT REPORT
**PHONE REPORT*
EXPEDITE REPORT

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430 Birthdate 02/15/1963
Nursing Station LA Room Number
Admit Phys LEMM - Do NOT Fax-->MAIL Consulting LEMM - Do NOT Fax-->MAIL Referring LEMM - Do NOT Fax-->MAIL

SPECIAL CHEMISTRY

Specimen Date	04/02/04
Specimen Time	0845
Weekday/Day of Stay	FRI 001

Procedure	Ref Range	Unit	
PSA		ng/mL	0.8 f

PSA (07/19/01 -- Current)
Age-specific references ranges for PSA test, according to RACE

Age (yr)	Whites	Blacks
	ng of PSA/mL	
40 - 49	0.0 - 2.5	0.0 - 2.0
50 - 59	0.0 - 3.5	0.0 - 4.0
60 - 69	0.0 - 3.5	0.0 - 4.5
70 - 79	0.0 - 3.5	0.0 - 5.5

NOTE: PSA serum concentrations should not be used as absolute evidence of the presence or absence of prostate cancer. PSA levels > 4.0 may be observed in patients with benign prostatic hyperplasia and other nonmalignant disorders as well as in patients with prostatic cancer. Some patients with prostate cancer have serum PSA concentrations less than 4.0 ng/mL. When used for either screening or patient management, PSA values should be used in conjunction with information available from clinical evaluation and other diagnostic procedures, such as digital rectal examination (DRE) Ranges adjusted 3/28/00 based on study in New England Journal of Medicine, August 1, 1996.

4/6/04 Patient notified by Abdmanrmt
Labrok

Footnotes
f = Footnote

MCCORNACK, DANIEL E 04/06/04 1223 1 CONTINUED.....
*** INTERIM PATIENT REPORT ..... EMERGENCY ROOM REPORT ***

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Admitting LEMM Referring LEMM

SPECIAL HEMATOLOGY

	Specimen Date		08/02/04
	Specimen Time		1032
	Weekday/Day of Stay		00
Procedure	Ref Range	Unit	
SED RATE	(0-10)	MM/HR	2

IMMUNOLOGY/SEROLOGY

	Specimen Date		08/02/04
	Specimen Time		1032
	Weekday/Day of Stay		00
Procedure	Ref Range	Unit	
RA FACTOR TITER	(0-10)	IU/ML	7
CRP	(0.00-0.50)	MG/DL	0.13 f

CRP (06/19/03 -- Current)
ADULT EXPECTED VALUE = Less than 0.50.

NEWBORN EXPECTED VALUES:
0 DAY < .06 mg/dL
1 DAY < .32 mg/dL
1 WEEK < .16 mg/dL

MCCORNACK, DANIEL E 08/02/04 1401 Page 4 END OF REPORT

[FAXED REPORTS ARE CONFIDENTIAL AND INTENDED FOR PHYSICIAN ONLY.
IF RECEIVED IN ERROR. PLEASE CALL (805) 434-4501]

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Admitting LEMM Referring LEMM

CARDIAC

Procedure	Ref Range	Unit	Specimen Date 08/02/04 Specimen Time 1032 Weekday/Day of Stay 00
CPK	(24-204)	IU/L	125

SPECIAL CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 08/02/04 Specimen Time 1032 Weekday/Day of Stay 00
TSH	(.46-4.68)	mIU/ML	1.74

HEMATOLOGY

A smear review or manual differential may be ordered per protocol to confirm eliminary automated WBC classification as indicated.

Procedure	Ref Range	Unit	Specimen Date 08/02/04 Specimen Time 1032 Weekday/Day of Stay 00
AUTOMATED BLOOD COUNT			
WBC	(4.8-10.8)	10 3	7.8
RBC	(3.80-6.01)	10 6	5.12
HGB	(12.7-17.1)	g/dL	15.8
HCT	(36.7-50.3)	%	46.3
MCV	(81.7-100.5)	FL	90.2
MCHC	(32.8-35.6)	%	34.2
RDW %	(11.1-14.7)	%	12.7
PLATELET CT	(130-400)	10 3	159 f

PLATELET CT (Initial -- Current)
ESTIMATES USED IF AUTOMATED COUNT AND SMEAR DO NOT AGREE.
"INCREASE" ->400,000/CMM
"NORMAL" =130,000-400,000/CMM

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Admitting LEMM Referring LEMM

CARDIAC RISK PROFILE

			Specimen Date	08/02/04
			Specimen Time	1032
			Weekday/Day of Stay	00
Procedure	Ref Range	Unit		
CHOLESTEROL	(100-200)	mg/dL	202 H	
TRIGLYCERIDES	(40-160)	mg/dL	181 H	
HDL CHOLESTEROL	(35.0-55.0)	mg/dL	41.2	
LDL CHOLESTEROL	(0-130)	mg/dL	125	
CHOL/HDL RATIO			4.9 f	

CHOL/HDL RATIO (07/23/01 -- Current)

CORONARY HEART DISEASE RISK	CHOLESTEROL/HDL RATIO
1/2 STANDARD RISK	3.4
STANDARD RISK FEMALE	4.4
STANDARD RISK MALE	5.0
2X STANDARD RISK FEMALE	7.1
2X STANDARD RISK MALE	9.6
3X STANDARD RISK FEMALE	11.0
3X STANDARD RISK MALE	23.4

LOW DENSITY LIPID (LDL) CALCULATION IS INVALID FOR SPECIMENS WITH A TOTAL TRIGLYCERIDE VALUE OF >400MG/DL*

*LDL VALUES 130-159 (BORDERLINE RISK)
* LDL VALUES >160 (HIGH RISK)

TWIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road Templeton CA, 93465
C.L. Douglas M. D., Director
Steven B. Jobst, M.D., Kurt Lundquist, M.D Pathologists

MCCORNACK, DANIEL E — Medical Record (0000)0103430
Birthdate 02/15/1963 — Account Number 1176617
Nursing Station LA Room Number
Admitting LEMM — Consulting LEMM
Referring LEMM

CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 08/02/04 Specimen Time 1032 Weekday/Day of Stay 00
ROUTINE CHEMISTRY			
GLUCOSE RANDOM	(70-110)	mg/dL	97
UREA NITROGEN	(8-21)	mg/dL	23 H
CREATININE	(.9-1.5)	mg/dL	1.3
SODIUM	(134-145)	mEq/L	139
POTASSIUM	(3.5-5.1)	mEq/L	4.2
CHLORIDE	(98-107)	mEq/L	101
TOTAL CO2	(21.0-31.0)	mEq/L	30.6
ANION GAP			11.6
URIC ACID	(3.4-7.0)	mg/dL	6.0
CALCIUM	(8.4-10.4)	mg/dL	9.5
TOTAL PROTEIN	(6.0-8.3)	g/dL	6.3
ALBUMIN	(3.5-5.0)	g/dL	4.4
ALK PHOS	(45-122)	IU/L	75
SGOT(AST)	(10-34)	IU/L	22
SGPT(ALT)	(10-44)	IU/L	36
BILIRUBIN TOTAL	(0.2-1.3)	mg/dL	0.9

08/02/04 SIERRA VISTA REGIONAL MEDICAL CENTER PAGE: 1
18:01 1010 MURRAY AVE., SAN LUIS OBISPO CA. 93405 (805) 546-7790
CENTRAL COAST PATHOLOGY CONSULTANTS; JAMES HANNAH, MD. DIRECTOR

NAME:MCCORNACK, DANIEL ID:T1176617 SEX: M AGE: 38

LOC: TCOUT - ADMITTING DATE: 8/02/04 DOB: 2/15/1966

ACCESSION:4215-GL1717 ADMITTING DOCTOR:LEMM, G*
COPIES TO:
COLLECTED: 8/02/04 10:30 BY: LAB
COMPLETED: 8/02/04 17:55

COMMENTS: --CHART FINAL--

PROCEDURE	RESULT	GRAPHIC	-EXPECTED RANGE-	UNITS	CERT
VITAMIN B12	743	[*]	239-931	PG/ML	TMB

LAST PAGE OF REPORT

93465001 805-434-4501
TWIN CITIES COMM.HOSP.
1100 LAS TABLAS
TEMPLETON CA 93465-

Quest Diagnostics

LABORATORY REPORT

Patient Name	Patient ID/Hospital ID	Room No.	Age	Sex	Physician
MCCORMACK,DANIEL	103430 1176617	OP	41	M	LEMM, G

Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time
1	0037463	WH025285A	0037463	08/02/2004 1030	08/03/2004	08/03/2004 13:00

Remarks

Report Status	Test	Result In Range / Out of Range	Units	Reference Range	Site Code
FINAL					

PATIENT DATE OF BIRTH: 02/15/1963

ANA SCREEN EIA W/REFL TITER IFA			WD
ANA SCREEN	NEGATIVE	NEGATIVE	

'WD ' Indicates testing site: QUEST DIAGNOSTICS-LOS ANGELES (METRO)
7600 TYRONE AVENUE
VAN NUYS CA 91405
(818) 989-2520
GEOFFERY H. MOYER M.D PHD

>> END OF REPORT <<

93465001 805-434-4501
TWIN CITIES COMM.HOSP.
1100 LAS TABLAS

TEMPLETON CA 93465-

Quest Diagnostics

LABORATORY REPORT

Patient Name	Patient ID/Hospital ID	Room No.	Age	Sex	Physician
MCCORMACK,DANIEL	103430 1176617	OP	41	M	LEMM, G

Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time
1	0037464	WH024252A	0037464	08/02/2004 1030	08/03/2004	08/03/2004 15:00

Remarks

Report Status	Test	Result In Range	Result Out of Range	Units	Reference Range	Site Code
FINAL						

PATIENT DATE OF BIRTH: 02/15/1963

HLA-B27 ANTIGEN		DETECTED	WD

THE HLA B27 ANTIGEN IS PRESENT IN 9% OF CAUCASIAN AND 4% OF BLACK POPULATIONS. THIS ANTIGEN IS SEEN WITH A FREQUENCY OF 90% IN PATIENTS WITH ANKYLOSING SPONDYLITIS AND A FREQUENCY OF 80% IN PATIENTS WITH REITERS DISEASE.

'WD ' Indicates testing site: QUEST DIAGNOSTICS-LOS ANGELES (METRO)
7600 TYRONE AVENUE
VAN NUYS CA 91405
(818) 989-2520
GEOFFERY H. MOYER M.D PHD

>> END OF REPORT <<

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Admitting LEMM Referring LEMM

HEMATOLOGY

A smear review or manual differential may be ordered per protocol to confirm preliminary automated WBC classification as indicated.

Procedure	Ref Range	Unit	Specimen Date 04/06/05 Specimen Time 0835 Weekday/Day of Stay WED 001
AUTOMATED BLOOD COUNT			
WBC	(4.8-10.8)	10 3	10.2
RBC	(3.80-6.01)	10 6	5.38
HGB	(12.7-17.1)	g/dL	16.4
HCT	(36.7-50.3)	%	47.7
MCV	(81.7-100.5)	FL	88.6
MCHC	(32.8-35.6)	%	34.4
RDW %	(11.1-14.7)	%	12.8
PLATELET CT	(130-400)	10 3	176 f
AUTO LYMPH %	(20.0-40.0)	%	19.9 L
AUTO MONOS %	(5.0-11.0)	%	10.2
AUTO GRAN %	(42.0-75.0)	%	68.2
AUTO EOS %	(0.0-8.0)	%	0.9
AUTO BASO %	(0.0-5.0)	%	0.8
ABS LYMPHS	(1.0-4.3)	10 3	2.0
ABS MONOCYTES	(0.2-1.1)	10 3	1.0
ABS GRAN (ANC)	(2.0-8.1)	10 3	7.0
ABS EOSINOPHILS	(0.0-0.9)	10 3	0.1
ABS BASOPHILS	(0.0-0.5)	10 3	0.1

PLATELET CT (Initial -- Current)
ESTIMATES USED IF AUTOMATED COUNT AND SMEAR DO NOT AGREE.
"INCREASE" ->400,000/CMM
"NORMAL" =130,000-400,000/CMM
"SLTDECR" =100,000-130,000/CMM
"DECREASD" =50,000-100,000/CMM
"MARKDECR" =<50,000/CMM

MCCORNACK, DANIEL E 04/06/05 1201 Page 3 END OF REPORT

[FAXED REPORTS ARE CONFIDENTIAL AND INTENDED FOR PHYSICIAN ONLY.
IF RECEIVED IN ERROR. PLEASE CALL (805) 434-4501]

5-81

Patient Name MCCORNACK, DANIEL E Medical Record Number (0000)0103430
Nursing Station LA Room
Admitting LEMM Referring LEMM

CARDIAC RISK PROFILE

	Specimen Date	04/06/05
	Specimen Time	0835
	Weekday/Day of Stay	WED 001

Procedure	Ref Range	Unit	
CHOLESTEROL	(100-200)	mg/dL	236 H
TRIGLYCERIDES	(40-160)	mg/dL	252 H
HDL CHOLESTEROL	(35.0-55.0)	mg/dL	32.1 L
LDL CHOLESTEROL	(0-130)	mg/dL	154 H
CHOL/HDL RATIO			7.4 Hf

CHOL/HDL RATIO (07/23/01 -- Current)
CORONARY HEART DISEASE RISK CHOLESTEROL/HDL RATIO

1/2 STANDARD RISK	3.4
STANDARD RISK FEMALE	4.4
STANDARD RISK MALE	5.0
2X STANDARD RISK FEMALE	7.1
2X STANDARD RISK MALE	9.6
3X STANDARD RISK FEMALE	11.0
STANDARD RISK MALE	23.4

LOW DENSITY LIPID (LDL) CALCULATION IS INVALID FOR SPECIMENS WITH A TOTAL TRIGLYCERIDE VALUE OF >400MG/DL

*LDL VALUES 130-159 (BORDERLINE RISK)
* LDL VALUES >160 (HIGH RISK)

5-82

TWIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road Templeton CA, 93465
C.L. Douglas M. D., Director
Steven B. Jobst, M.D., Kurt Lundquist, M.D Pathologists

MCCORNACK, DANIEL E
Birthdate 02/15/1963
Nursing Station LA Room Number
Admitting LEMM
Referring LEMM

Medical Record (0000)0103430
Account Number 2007118
Consulting LEMM

CHEMISTRY

Procedure	Ref Range	Unit	Specimen Date 04/06/05 Specimen Time 0835 Weekday/Day of Stay WED 001
ROUTINE CHEMISTRY			
GLUCOSE RANDOM	(70-110)	mg/dL	96
UREA NITROGEN	(6-20)	mg/dL	27 H
CREATININE	(.6-1.2)	mg/dL	1.1
SODIUM	(134-145)	mEq/L	140
POTASSIUM	(3.5-5.1)	mEq/L	4.5
CHLORIDE	(98-107)	mEq/L	101
TOTAL CO2	(21.0-31.0)	mEq/L	28.7
ANION GAP			14.8
CALCIUM	(8.4-10.4)	mg/dL	9.6
TOTAL PROTEIN	(6.0-8.3)	g/dL	6.7
ALBUMIN	(3.5-5.0)	g/dL	4.4
ALK PHOS	(45-122)	IU/L	70
SGOT(AST)	(10-34)	IU/L	23
SGPT(ALT)	(10-44)	IU/L	67 H
BILIRUBIN TOTAL	(0.2-1.3)	mg/dL	0.6

4/9/05 Patient notified by Akelman LMOM

MCCORNACK, DANIEL E 04/06/05 1201 Page 1 CONTINUED....
*** FAXED REPORTS ARE CONFIDENTIAL AND INTENDED FOR PHYSICIAN ONLY.
IF RECEIVED IN ERROR. PLEASE CALL (805) 434-4501 ***

CENTRAL COAST CLINICAL LAB
350 POSADA LANE STE 100
TEMPLETON, CA 93465
805 434-9080 FAX: 805 434-9082
DIRECTOR: CARL E. JOHNSON, JR. M.D.

NAME: MCCORNACK, DAN
PT ID:
PHYS1: LEMM, GORDON
292 POSADA LN STE D
PHYS2:

SEX: M
LAB ID: 021563DM
DRAW DATE: 07/28/06 08:10
PRINTED: 07/28/06 16:13
ACCESSION: 06209013
DOB: 02/15/1963

COMMENTS: FASTING
TESTS ORDERED: NOTE, HEMO, CMP, URCA, DIG, PSA, LIPID

PROCEDURE	IN RANGE	OUT OF RANGE		REFERENCE RANGE	
NOTE:	* LAST DOSE TAKEN: 7/27, 2200				
HEMOGRAM & PLT, AUTO					
WHITE CELL COUNT		12.6	H	3.8-10.6	10^3/cmm
RED CELL COUNT	5.79			4.70-5.90	10^6/cmm
HEMOGLOBIN	17.7			13.0-18.0	g/dL
HEMATOCRIT		52.4	H	42.0-52.0	%
MCV	91			80-100	um^3
MCH	30.6			24.0-34.0	pg
MCHC	33.8			31.0-37.0	g/dL
RDW	12.3			11.5-14.0	%
PLATELET CNT	158			150-400	10^3/cmm
COMP. METABOLIC PANEL					
SODIUM	140			136-145	mEq/L
POTASSIUM	4.3			3.5-5.1	mEq/L
CHLORIDE	101			97-107	mEq/L
CARBON DIOXIDE	21			21-31	mEq/L
ANION GAP		22	H	10-20	
ALBUMIN	4.9			4.2-5.3	g/dL
PROTEIN, SERUM	6.9			6.0-8.3	g/dL
CALCIUM	10.0			8.4-10.5	mg/dL
BILIRUBIN, TOTAL	0.7			0.1-1.2	mg/dL
UREA NITROGEN, BLOOD		25	H	10-21	mg/dL
CREATININE, SERUM	1.1			0.6-1.3	mg/dL
ALK. PHOSPHATASE	62			41-111	U/L
ALT (SGPT)	46			0-46	U/L
AST (SGOT)	19			9-42	U/L
GLUCOSE	88			70-105	mg/dL
URIC ACID, SERUM		7.6	H	3.5-7.2	mg/dL
DIGOXIN	1.5			0.5-2.0	ng/mL
PSA, TOTAL	0.55			(4.0	ng/mL

END OF PAGE 1. CONTINUED ON PAGE 2

Needs fu - E DW WB

DEMGL:0053

5-84

CENTRAL COAST CLINICAL LAB
350 POSADA LANE STE 100
TEMPLETON, CA 93465
805 434-9080 FAX: 805 434-9082
DIRECTOR: CARL E. JOHNSON, JR. M.D.

NAME: MCCORNACK, DAN
PT ID:
PHYS1: LEMM, GORDON
292 POSADA LN STE D
PHYS2:

SEX: M
LAB ID: 021563DM
DRAW DATE: 07/28/06 08:10
PRINTED: 07/28/06 16:13
ACCESSION: 06209013
DOB: 02/15/1963

COMMENTS: FASTING
TESTS ORDERED: NOTE, HEMO, CMP, URCA, DIG, PSA, LIPID

PROCEDURE	IN RANGE	OUT OF RANGE		REFERENCE RANGE	
LIPID PANEL					
CHOLESTEROL		232	H	90-200	mg/dL
HDL	36			>60 mg/dL	Low Risk
				40-60	Borderline/Moderate
				<40	High Risk
TRIGLYCERIDES		461	H	23-231	mg/dL
TC:HDL RATIO	6.4				

CHOLESTEROL (mg/dL)

	LDL	HDL	TOTAL
Desirable level/low risk	<130	>60	<200
Borderline level/moderate risk	130-159	35-60	200-239
Elevated level/high risk	>=160	<35	>=240

TOTAL CHOLESTEROL-HDL RATIOS

Low risk	3.3-4.4
Average risk	4.4-7.1
Moderate risk	7.1-11.0
High risk	>11.0

END OF REPORT

FINAL REPORT

REVIEWED BY: JRT

NTRAL COAST CLINICAL LAB
350 POSADA LANE STE 100
TEMPLETON, CA 93465
805 434-9080 FAX: 805 434-9082
DIRECTOR: CARL E. JOHNSON, JR. M.D.

NAME: MCCORNACK, DAN
PT ID:
PHYS1: LEMM, GORDON
292 POSADA LN STE D
PHYS2:

SEX: M
LAB ID: 021563DM
DRAW DATE: 08/24/06 11:34
PRINTED: 08/24/06 14:58
ACCESSION: 06236070

DOB: 02/15/1963

COMMENTS:
TESTS ORDERED: TSH

PROCEDURE	IN RANGE	OUT OF RANGE	REFERENCE RANGE	
TSH	1.896		0.35-5.50	uIU/mL

9/14/06 Patient notified by

END OF REPORT FINAL REPORT REVIEWED BY: TAJ

DEMGL:0052

5-86

TWIN CITIES COMMUNITY HOSPITAL
Clinical Laboratory
1100 Las Tablas Road Templeton CA, 93465
C.L. Douglas M. D., Director
Steven B. Jobst, M.D., Kurt Lundquist, M.D Pathologists

MCCORNACK, DANIEL E — Medical Record (0000)0103430
Birthdate 02/15/1963 — Account Number 3254291
Nursing Station LA Room Number
Admitting BREYTENBACH — Consulting BREYTENBACH
Referring BREYTENBACH

CALL DR. BREYTENBACH WITH RESULTS 712-3364

CARDIAC

	Specimen Date	03/02/07
	Specimen Time	1214
	Weekday/Day of Stay	FRI 001

Procedure	Ref Range	Unit	
CPK	(24-204)	IU/L	55
TROPONIN-I	(0.00-0.08)	ng/mL	< 0.08 f

TROPONIN-I (06/17/04 -- Current)
*** Levels greater than 0.08 and less than 0.4 (the second decision limit) should not be ignored , rather these individuals have been shown to be at a significantly higher risk of a subsequent ischemic event within the next 30 - 60 days. These patients (0.08 - 0.4 ng/mL) need to be further studied.***

Troponin I values of 0.4 ng/mL or greater greater are considered supportive of a diagnosis of an acute myocardial infarct.

4

MCCORNACK, DANIEL E 03/02/07 1400 Page 1 END OF REPORT

[FAXED REPORTS ARE CONFIDENTIAL AND INTENDED FOR PHYSICIAN ONLY.
IF RECEIVED IN ERROR. PLEASE CALL (805) 434-4501]

CENTRAL COAST CLINICAL LAB
350 POSADA LANE STE 100
TEMPLETON, CA 93465
805 434-9080 FAX: 805 434-9082
DIRECTOR: CARL E. JOHNSON, JR. M.D.

NAME: MCCORNACK, DAN
PT ID:
PHYS1: LEMM, GORDON
292 POSADA LN STE D
PHYS2: LAWRENCE VONDOLLEN
FAX 782-8859

SEX: M
LAB ID: 021563DM
DRAW DATE: 05/15/07 08:08
PRINTED: 05/15/07 11:57
ACCESSION: 07135010
DOB: 02/15/1963

COMMENTS: FASTING
TESTS ORDERED: NOTE, CMP, URCA, DIG, TSH, LIPID

PROCEDURE	IN RANGE	OUT OF RANGE		REFERENCE RANGE	
NOTE:					
LAST DOSE TAKEN: PM, 5/14					
COMP. METABOLIC PANEL					
SODIUM	139			136-145	mEq/L
POTASSIUM	4.6			3.5-5.1	mEq/L
CHLORIDE	101			97-107	mEq/L
CARBON DIOXIDE	29			21-31	mEq/L
ANION GAP	14			10-20	
ALBUMIN	4.7			4.2-5.3	g/dL
PROTEIN, SERUM	6.5			6.0-8.3	g/dL
CALCIUM	9.7			8.6-10.3	mg/dL
BILIRUBIN, TOTAL	0.8			0.1-1.2	mg/dL
UREA NITROGEN, BLOOD		23	H	10-21	mg/dL
CREATININE, SERUM	1.2			0.6-1.3	mg/dL
ALK. PHOSPHATASE	62			41-111	U/L
ALT (SGPT)	42			0-46	U/L
AST (SGOT)	19			9-42	U/L
GLUCOSE		106	H	70-105	mg/dL
URIC ACID, SERUM		8.0	H	3.5-7.2	mg/dL
DIGOXIN	1.6			0.5-2.0	ng/mL
TSH	3.670			0.35-5.50	uIU/mL
LIPID PANEL					
CHOLESTEROL		262	H	90-200	mg/dL
HDL	36			>60 mg/dL Low Risk	
				40-60 Borderline/Moderate	
				<40 High Risk	
TRIGLYCERIDES		620	H	23-231	mg/dL
TC:HDL RATIO		7.3	H		

CHOLESTEROL (mg/dL)

	LDL	HDL	TOTAL
Desirable level/low risk	<130	>60	<200

END OF PAGE 1. CONTINUED ON PAGE 2

5/17 Appt please
apt 6/4 ww

DEMGL:0049

5-88

CENTRAL COAST CLINICAL LAB
350 POSADA LANE STE 100
TEMPLETON, CA 93465
805 434-9080 FAX: 805 434-9082
DIRECTOR: CARL E. JOHNSON, JR. M.D.

NAME: MCCORNACK, DAN
PT ID:
PHYS1: LEMM, GORDON
292 POSADA LN STE D
PHYS2: LAWRENCE VONDOLLEN
FAX 782-8859

SEX: M DOB: 02/15/1963
LAB ID: 021563DM
DRAW DATE: 05/15/07 08:08
PRINTED: 05/15/07 11:57
ACCESSION: 07135010

COMMENTS: FASTING
TESTS ORDERED: NOTE, CMP, URCA, DIG, TSH, LIPID

PROCEDURE	IN RANGE	OUT OF RANGE	REFERENCE RANGE
Borderline level/moderate risk	130-159	35-60	200-239
Elevated level/high risk	)=160	(35	)=240

TOTAL CHOLESTEROL-HDL RATIOS

Low risk	3.3-4.4
Average risk	4.4-7.1
Moderate risk	7.1-11.0
High risk	)11.0

END OF REPORT FINAL REPORT REVIEWED BY: DJB

CENTRAL COAST CLINICAL LAB
350 POSADA LANE STE 100
TEMPLETON, CA 93465
805 434-9080 FAX: 805 434-9082
DIRECTOR: CARL E. JOHNSON, JR. M.D.

NAME: MCCORNACK, DAN
PT ID:
PHYS1: LEMM, GORDON
292 POSADA LN STE D
PHYS2:

SEX: M
LAB ID: 021563DM
DRAW DATE: 08/31/07 08:30
PRINTED: 08/31/07 11:11
ACCESSION: 07243024

COMMENTS: FASTING
TESTS ORDERED: URCA, LIPID

PROCEDURE	IN RANGE	OUT OF RANGE		REFERENCE RANGE	
URIC ACID, SERUM		7.8	H	3.5-7.2	mg/dL
LIPID PANEL					
CHOLESTEROL	200			90-200	mg/dL
HDL	31			)60 mg/dL	Low Risk
				40-60	Borderline/Moderate
				(40	High Risk
LDL (BY CALC)	98			(130 mg/dL	Low Risk
				130-159	Borderline/Moderate
				)160	High Risk
VLDL(BY CALC)		70	H	6-62	mg/dL
TRIGLYCERIDES		352	H	23-231	mg/dL
TC:HDL RATIO	6.5				

CHOLESTEROL (mg/dL)

	LDL	HDL	TOTAL
Desirable level/low risk	(130	)60	(200
Borderline level/moderate risk	130-159	35-60	200-239
Elevated level/high risk	)=160	(35	)=240

TOTAL CHOLESTEROL-HDL RATIOS

Low risk	3.3-4.4
Average risk	4.4-7.1
Moderate risk	7.1-11.0
High risk	)11.0

TRIG improving.

END OF REPORT FINAL REPORT REVIEWED BY: DJB

CENTRAL COAST CLINICAL LAB
350 POSADA LANE STE 100
TEMPLETON, CA 93465
805 434-9080 FAX: 805 434-9082
DIRECTOR: CARL E. JOHNSON, JR. M.D.

NAME:	MCCORNACK, DAN	SEX: M	DOB: 02/15/1963
PT ID:		LAB ID:	021563DM
PHYS1:	LEMM, GORDON	DRAW DATE:	12/27/07 09:48
	292 POSADA LN STE D	PRINTED:	12/27/07 12:29
PHYS2:		ACCESSION:	07361044

COMMENTS: FASTING
TESTS ORDERED: URCA,LIPID

PROCEDURE	IN RANGE	OUT OF RANGE		REFERENCE RANGE	
URIC ACID, SERUM		8.1	H	3.5-7.2	mg/dL
LIPID PANEL					
CHOLESTEROL		239	H	90-200	mg/dL
HDL	33			>60 mg/dL Low Risk	
				40-60 Borderline/Moderate	
				<40 High Risk	
TRIGLYCERIDES		581	H	23-231	mg/dL
TC:HDL RATIO		7.2	H		

CHOLESTEROL (mg/dL)

	LDL	HDL	TOTAL
Desirable level/low risk	<130	>60	<200
Borderline level/moderate risk	130-159	35-60	200-239
Elevated level/high risk	>=160	<35	>=240

TOTAL CHOLESTEROL-HDL RATIOS

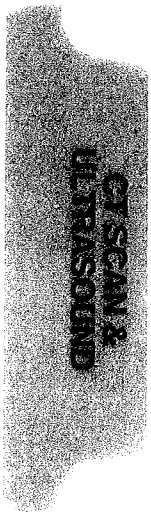
Low risk	3.3-4.4
Average risk	4.4-7.1
Moderate risk	7.1-11.0
High risk	>11.0

12/28
Flagged in Jan & i Montiel

END OF REPORT FINAL REPORT REVIEWED BY: DJB

DEMGL:0047

5-91


CT/SCAN &
ULTRASOUND

TWIN CITIES COMMUNITY HOSPITAL
CARDIO-VASCULAR
ECHOCARDIOGRAPHY

NAME McCornack, Daniel DATE 2/23/95 LOCATION OP MR# 10-34-30
HT _____ WT _____ SEX Male AGE 32 PHYSICIAN Von Dollen/Lemm
CLINICAL DIAGNOSIS Atrial fibrillation
MEDICATIONS Lanoxin, Tenormin
PREVIOUS _____ TECHNICIAN D. Robles TAPE 95-12 REAL TIME 23-34
ADDITIONAL CLINICAL INFORMATION _____
ECHOCARDIOGRAPHY FINDINGS: (Normal adult values in parentheses)

LVIDD	4.9	(3.5-5.7cm)	LVIDS	3.3	(cm)	RVIDD	2.3 (0.7-2.6cm)
LVPW D	0.9	(0.6-1.1cm)	% ST	61%	(0.9-1.4cm)	F/S	32% (29%-45%)
IVS D	0.9	(0.6-1.1cm)	% ST	50%	(0.3-1.2cm)	EF	60% (64%-83%)
MV E-F	>70	(70 MM/sec)	EXC	2.4	(2.0-3.0cm)	EPSS	0.9 (up to 1.0cm)
LA	3.7	(1.9-4.0cm)	AO	3.1	(2.0-3.7cm)	ACS	2.1 (1.5-2.6cm)

PERICARDIAL EFFUSION: _____

DOPPLER STUDY

AORTIC VALVE
- VELOCITY 1.0 m/sec
- GRADIENT _____
- VALVE AREA _____
- INSUFFICIENCY _____
- AI DECAY SLOPE _____

MITRAL VALVE
- VELOCITY 1.0 m/sec
- GRADIENT _____
- VALVE AREA _____
- INSUFFICIENCY _____

PULMONIC VALVE
- VELOCITY _____
- INSUFFICIENCY _____

TRICUSPID VALVE
- VELOCITY 0.7 m/sec
- INSUFFICIENCY Yes
- TI VELOCITY 2.0 m/sec

TECHNICAL COMMENTS:

DEMGL:0120

5-93

TWIN CITIES COMMUNITY HOSPITAL

CARDIO-VASCULAR

ECHOCARDIOGRAPHY

NAME McCornack, Daniel **DATE** 2/23/95 **LOCATION** OP **MR#** 10-34-30

HT _____ **WT** _____ **SEX** Male **AGE** 32 **PHYSICIAN** Von Dollen/Lemm

CLINICAL DIAGNOSIS Atrial fibrillation

MEDICATIONS Lanoxin, Tenormin

PREVIOUS _____ **TECHNICIAN** D. Robles **TAPE** 95-12 **REAL TIME** 23-34

ADDITIONAL CLINICAL INFORMATION _____

ECHOCARDIOGRAPHY FINDINGS: (Normal adult values in parentheses)

LVIDD	4.9	(3.5-5.7cm)	**LVIDS**	3.3	(cm)	**RVIDD**	2.3	(0.7-2.6cm)
LVPW D	0.9	(0.6-1.1cm)	**% ST**	61%	(0.9-1.4cm)	**F/S**	32%	(29%-45%)
IVS D	0.9	(0.6-1.1cm)	**% ST**	50%	(0.3-1.2cm)	**EF**	60%	(64%-83%)
MV E-F	>70	(70 MM/sec)	**EXC**	2.4	(2.0-3.0cm)	**EPSS**	0.9	(up to 1.0cm)
LA	3.7	(1.9-4.0cm)	**AO**	3.1	(2.0-3.7cm)	**ACS**	2.1	(1.5-2.6cm)

PERICARDIAL EFFUSION: _____

DOPPLER STUDY

AORTIC VALVE

VELOCITY	1.0 m/sec
GRADIENT	_____
VALVE AREA	_____
INSUFFICIENCY	_____
AI DECAY SLOPE	_____

MITRAL VALVE

VELOCITY	1.0 m/sec
GRADIENT	_____
VALVE AREA	_____
INSUFFICIENCY	_____

PULMONIC VALVE

VELOCITY	_____
INSUFFICIENCY	_____

TRICUSPID VALVE

VELOCITY	0.7 m/sec
INSUFFICIENCY	Yes
TI VELOCITY	2.0 m/sec

TECHNICAL COMMENTS:

DEMGL:0121

5-94

ECHOCARDIOGRAPHY REPORT
McCornack, Daniel
02/23/95

1. The right atrium, right ventricle, tricuspid and pulmonic valves are grossly normal.

2. The left atrial size is normal. No intracavitary masses are seen.

3. The mitral valve leaflets move well without evidence of stenosis, thickening, prolapse, systolic anterior motion, vegetations or masses.

4. The left ventricular internal diastolic dimension is normal. The interventricular septum and left ventricular posterior free wall are normal thickness. The overall chamber size, wall thickness, wall motion and ejection fraction are well within the mid-range of normal.

5. The aortic root diameter is normal. The valve has three leaflets which move normally without significant stenosis.

6. No significant pericardial effusion is seen.

7. No significant valvular stenosis is seen as evidenced by normal peak flow velocity of the mitral, tricuspid, pulmonic and aortic valves. No significant valvular regurgitation is seen.

8. Color flow doppler shows no significant mitral, tricuspid, aortic or pulmonic stenosis or regurgitation.

IMPRESSION

1. GROSSLY NORMAL M-MODE AND TWO-DIMENSIONAL STUDY.

D: 03/05/95
T: 03/06/95
LVD:pk

Lawrence Von Dollen, M.D.

DEMGL:0122

5-95

MISSION MEDICAL ASSOCIATES OF THE CENTRAL COAST RADIOLOGY
A California Medical Corporation

San Luis Obispo	Pismo Beach
1235 Osos St. - 546-5627	855 4th St. - 546-5800

Patient's Name: MCCORNACK, DAN
MMA No: 95-53-22-3
Date Performed: 04/02/98
Date Dictated: 04/10/98

THREE VIEWS OF LEFT SHOULDER:

CLINICAL INDICATIONS: Pain.

No fracture, dislocation or other evidence of acute bony trauma is apparent. No intrinsic lesions of bone are noted. The regional soft tissues appear within normal limits as imaged.

Lemm Thomas L. Miller, M.D./js TMP T: April 13, 1998

DEMGL:0119

ECHOCARDIOGRAPHY

Name: DANIEL MCCORNACK

Page: 1
Date printed: 06/20/01
ID: 555517837 SEX:M AGE: 38

06/12/01
COASTAL CARDIOLOGY NON-INVASIVE LABORATORY
ECHOCARDIOGRAM REPORT
ECHO:completed

Coastal Cardiology
77 Casa Street, Suite 104
San Luis Obispo, California 93405
(805) 782-8844 - FAX (805) 782-8850

Patient Name: MCCORNACK, DANIEL
Referring Physician: Gordon Lemm, M.D.
Cardiologist: Lawrence Von Dollen, M.D., F.A.C.C.
Technician: Katy Phillips, RDCS, RVT

Ht: 72 Wt: 200 Tape: 116/01 Footage#: 27-33

Clinical Complaint: Irregular heart beat
Clinical Diagnosis: Atrial fibrillation

ECHOCARDIOGRAPHIC DATA-MEASUREMENTS
[illegible]eft Atrium-End Systole (Normal 2.5-4.4 cm): 4.1
[illegible]ght Ventricle-End Diastole (Normal <3.0 cm): 2.0
Aortic Root Diameter (Normal 2.0-4.0 cm): 2.8
Aortic Cusp Excursion (Normal 1.5-2.0 cm): 1.9
E-Point to Septal Separation (Normal </= 1.0 cm): 0.7
Interventricular Septum-End Diastole (Normal 0.3-0.8 cm): 1.0
Interventricular Septum-End Systole (Normal 0.6-1.6 cm): 1.5
Left Ventricular Posterior Wall-End Diastole (Normal 0.5-1.3 cm): 1.1
Left Ventricular Posterior Wall-End Systole (Normal 0.9-1.4 cm): 1.5
Left Ventricle-End Diastole (Normals <5.8 cm): 4.9
Left Ventricle-End Systole: 3.7
Left Ventricular Fractional Shortening (Normal >24%): 24%
Left Ventricular Ejection Fraction (rest)(Normal >55%): 50%

2D MEASUREMENTS:

DOPPLER MEASUREMENTS:
-Aortic Valve-
Left Ventricular Outflow Tract Velocity (V1): 0.71 m/s
Peak Aortic Velocity: 1.0 m/s
Aortic Regurgitation Severity: none seen
-Mitral Valve-
Peak Velocity (E)(Normal 0.6-1.0 m/s): 0.96 m/s
Mitral Regurgitation Severity: trace
-Tricuspid Valve-
Peak Velocity (systole): 1.1 m/s
[illegible]ht Atrial Pressure: 10 mmhg
[illegible]ht Ventricular Pulmonary Artery Systolic Pressure: 14.8 mmHg
Tricuspid Regurgitation Severity: whiff
-Pulmonic Valve-
Pulmonic Regurgitation Severity: whiff

DEMGL:0117

5-97

ECHOCARDIOGRAPHY

Name: DANIEL MCCORNACK Date printed: 06/20/01

ID: 555517837 SEX:M AGE: 38

INTERPRETATION: Grossly normal echocardiographic study with normal left ventricular wall motion and ejection fraction of 70%. Clinically insignificant mitral, tricuspid and pulmonic insufficiency is seen.

Lawrence Von Dollen, M.D., F.A.C.C./lt D: 06/15/01 T: 06/20/01

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 06/20/01

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C - Templeton, CA 93465 - (805) 434-1491 - Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 - (805) 434-1882 - Fax (805) 434-3278

PATIENT: MCCORNACK, DAN **X-RAY NO: 6389** **AGE: 38**

PHYSICIAN: LEMM MD, GORDON **EXAM DATE: 07/26/01**

CLINICAL HISTORY: BACK AND LEFT FOOT PAIN. HISTORY OF OLD FRACTURES.

LUMBAR SPINE - FIVE VIEWS

The lumbar spine is normally aligned. Vertebral bodies appear intact and disc space heights preserved. Minimal spurring is seen in the anterior lower lumbar spine.

IMPRESSION:
1. NO EVIDENCE OF ACUTE SPINAL PATHOLOGY.
2. TINY ANTERIOR OSTEOPHYTES.

LEFT FOOT - THREE VIEWS

The osseous and articular structures are intact without fracture, dislocation or subluxation.

IMPRESSION:
NEGATIVE.

pnc

JAMES P. CARTLAND, M.D.
D/T:7-27-01; JPC/maf

CC: WATSON MD, DAVID

DEMGL:0116

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C · Templeton, CA 93465 · (805) 434-1491 · Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 · (805) 434-1882 · Fax (805) 434-3278

PATIENT: MCCORNACK, DAN **X-RAY NO: 6389** **AGE: 39**

PHYSICIAN: LEMM MD, GORDON **EXAM DATE: 07/17/02**

LEFT THIRD FINGER

CLINICAL HISTORY: Proximal interphalangeal joint injury.

FINDINGS:

There is normal bony alignment. There is no evidence for fracture or dislocation. Joint spaces are preserved. Bone density is within normal limits. No radiopaque foreign bodies are detected.

IMPRESSION:

NO EVIDENCE FOR FRACTURE OR DISLOCATION.

ELIZABETH VOGLER, M.D.
D: 07-17-02
T: 07-18-02 EV/bg

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

Patient Name: MCCORNACK DAN E
Jacket # 6389

DOB: 02/15/1963
Home # (805)238-5208

Age: 41
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

02/16/2004: ABDOMEN 1V

CLINICAL HISTORY: Left flank pain.

FINDINGS:

Two views of the abdomen demonstrate no suspicious calcifications overlying the kidneys or the presumed course of the ureters. The bowel gas pattern is normal. Bony structures are intact. No destructive bony lesion is identified.

IMPRESSION:

UNREMARKABLE EXAMINATION.

Blake Evemden MD
BE /gt

This report has been electronically signed by: Blake Evemden MD

DEMGL:0110

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

Patient Name: MCCORNACK DAN E
Jacket # 6389

DOB: 02/15/1963
Home # (805)238-5208

Age: 41
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

02/16/2004: CT ABDOMEN AND PELVIS - RENAL PROTOCOL

CLINICAL HISTORY: Left flank pain.

TECHNICAL DATA: Multidetector helical images through the kidneys, ureters and bladder were obtained. No IV or oral contras was administered. Images are displayed in 3 millimeter contiguous slices.

FINDINGS:

There is no evidence of nephrolithiasis, ureteral calculi or urinary bladder stones. The lung bases are clear. There are no pleural effusions. No liver or splenic lesions are appreciated on this non contrast study. The pancreas and gallbladder are unremarkable.

No renal contour abnormalities of the kidneys are appreciated on this non contrast study. There are multiple retroperitoneal lymph nodes, none pathologic in size. In addition, multiple mesenteric lymph nodes are identified, the largest measuring approximately 18 millimeters.

Small bowel caliber is normal. The colon is unremarkable. Urinary bladder is normal. Prostatic calcifications are incidentally noted. No destructive bony lesion is appreciated.

IMPRESSION:

1. **NO EVIDENCE OF URINARY TRACT STONE.**
2. **MULTIPLE RETROPERITONEAL AND MESENTERIC LYMPH NODES, SOME OF WHICH ARE ENLARGED. PRIMARY DIFFERENTIAL DIAGNOSIS IS LYMPHOMA. FURTHER EVALUATION OF THE ABDOMEN AND PELVIS WITH CONTRAST ENHANCEMENT MAY BE HELPFUL AND IS RECOMMENDED.**

Blake Evernden MD

1-23-04 8:00@T.I

2/17 - Spoke c wife. Please schedule CT ABD/Pelvis c contrast

DEMGL:0111

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

PAGE 2
Patient Name: MCCORNACK DAN E
Date of Exam: 02/16/2004

BE /gt

This report has been electronically signed by: Blake Evernden MD

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

Patient Name: MCCORNACK DAN E
Jacket # 47134

DOB: 02/15/1963
Home # (805)238-5208

Age: 41
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

02/23/2004: CHEST 2V

CLINICAL HISTORY: Chest pain.

FINDINGS:

The lungs are well aerated without evidence for focal consolidation or pulmonary edema. There is no significant pleural effusion or pneumothorax seen. The cardiomediastinal silhouette is within normal limits.

IMPRESSION:

NO RADIOGRAPHIC EVIDENCE FOR ACUTE CARDIOPULMONARY DISEASE.

James P Cartland MD
JPC /gt

This report has been electronically signed by: James P Cartland MD

DEMGL:0107

5-104

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

Patient Name: MCCORNACK DAN E
Jacket # 6389

DOB: 02/15/1963
Home # (805)238-5208

Age: 41
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

02/23/2004: CT ABDOMEN AND PELVIS

CLINICAL HISTORY: Abnormal renal stone CT of 2/16/04. Question lymphoma.

TECHNICAL DATA: Multidetector helical images through the liver were obtained after administration of oral contrast, and subsequently during arterial and delayed images through the abdomen and pelvis after IV contrast.

FINDINGS:

Comparison is made with an earlier CT renal stone protocol of 2/16/04. Lung bases are clear. The spleen is mildly elongated to approximately 12 centimeters. No focal splenic lesion. The liver appears normal. No radiopaque gallstones. The pancreas appears normal. Adrenal glands are unremarkable. There is no evidence of renal calculus or obstructive uropathy. Multiple mesenteric and retroperitoneal lymph nodes are again noted. The largest of the mesenteric lymph nodes currently measures 1.3 centimeters in diameter. There are several retroperitoneal lymph nodes with maximum diameter of one centimeter. There is no free fluid or free air. I believe there to be several sigmoid colon diverticula. There is no evidence of sigmoid colon diverticulitis.

IMPRESSION:

1. **MULTIPLE SMALL MESENTERIC AND RETROPERITONEAL LYMPH NODES. NO CHANGE COMPARED TO THE INITIAL EXAM OF 2/16/04 THAT WAS DONE WITHOUT CONTRAST.**
2. **THE DIFFERENTIAL INCLUDES INFLAMMATORY PROCESSES, CONCEIVABLY EARLY NEOPLASM SUCH AS LYMPHOMA OR METASTATIC DISEASE. LYMPHADENOPATHY IN RESPONSE TO MEDICATION IS POSSIBLE. I DO NOT SEEN AN EASY LYMPH NODE TO BIOPSY. IT MAY BE ADEQUATE TO HAVE A FOLLOW-UP CT EXAM IN SEVERAL MONTHS TO DETERMINE IF THERE IS PROGRESSION OR REGRESSION OF DISEASE.**

2/23 When is his appt? Wed or Thurs this OK ODP

DEMGL:0108

5-105

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

PAGE 2
Patient Name: MCCORNACK DAN E
Date of Exam: 02/23/2004

James P Cartland MD
JPC /gt

This report has been electronically signed by: James P Cartland MD

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

Patient Name: MCCORNACK DAN E
Jacket # 6389

DOB: 02/15/1963
Home # (805)238-5208

Age: 41
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

04/19/2004: CT ABDOMEN AND PELVIS

CLINICAL HISTORY: Follow-up questionable lymphoma.

TECHNICAL DATA: Multidetector helical images through the liver were obtained after administration of oral contrast, and subsequently during arterial and delayed images through the abdomen and pelvis after IV contrast.

FINDINGS:

Comparison is made with an earlier study of 2/23/04. The lung bases are clear. The heart is normal in size. The spleen is enlarged measuring approximately 15 centimeters in length. This is not significantly changed in appearance since the prior study. The liver, pancreas, and bilateral adrenal glands are unremarkable. The gallbladder is present. The kidneys demonstrate symmetric perfusion and function. No focal renal lesions or significant hydronephrosis is seen. There are several mesenteric and retroperitoneal lymph nodes identified, the majority of which measure less than 10 millimeters in long axis. The largest mesenteric lymph node measures 13 millimeters in long axis. These are not significantly changed in appearance relative to the prior study. The aorta is normal in caliber.

The urinary bladder appears smooth-walled. There are scattered diverticula seen within the sigmoid colon. There is apparent thickening of the wall of the sigmoid colon which may be due to incomplete distention. No significant free fluid or free air is seen.

IMPRESSION:

4/22/04 Patient notified by ARodmarkind

1. **MULTIPLE SMALL MESENTERIC AND RETROPERITONEAL LYMPH NODES NOT SIGNIFICANTLY CHANGED IN APPEARANCE RELATIVE TO FEBRUARY 23, 2004. THESE COULD BE REACTIVE DUE TO AN INFLAMMATORY PROCESS, OR COULD REPRESENT LYMPHOMA OR METASTATIC DISEASE. THIS APPEARS STABLE SINCE FEBRUARY 23, 2004. CONTINUED FOLLOW UP WITH CT IN TWO TO THREE MONTHS MAY BE HELPFUL.**
2. **SIGMOID DIVERTICULOSIS. THERE IS MILD APPARENT THICKENING**

Doing ok. No change. F/u appt in May

DEMGL:0105

5-107

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

Patient Name: MCCORNACK DAN E
Date of Exam: 04/19/2004

OF THE BOWEL WALL IN THIS REGION, LIKELY DUE TO INCOMPLETE DISTENSION. PLEASE CORRELATE WITH CLINICAL SYMPTOMS OF EARLY DIVERTICULITIS.

3. **SPLENOMEGALY, UNCHANGED SINCE 2/23/04.**

Elizabeth M Vogler MD
EMV /gt

This report has been electronically signed by: Elizabeth M Vogler MD

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

Patient Name: MCCORNACK DAN E
Jacket # 47134

DOB: 02/15/1963
Home # (805)238-5208

Age: 41
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

05/03/2004: BARIUM ENEMA WITH AIR

CLINICAL HISTORY: Lower abdominal pain.

FINDINGS:

Scout film of the abdomen demonstrates an unremarkable bowel gas pattern. Barium and air were instilled per rectum and flowed freely to the cecum filling the appendix. No evidence of stricture, intraluminal mass, or polyp. Very minimal sigmoid diverticulosis is present. There is no evidence of diverticulitis. Mucosa is unremarkable.

IMPRESSION:

THERE ARE A FEW SCATTERED MINIMAL SIGMOID DIVERTICULA. OTHERWISE NEGATIVE EXAMINATION.

Blake Evernden MD
BE /bg

This report has been electronically signed by: Blake Evernden MD

DEMGL:0104

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

Patient Name: MCCORNACK DAN E
Jacket # 6389

DOB: 02/15/1963
Home # (805)238-5208

Age: 41
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

08/10/2004: CT ABDOMEN AND PELVIS

CLINICAL HISTORY: Follow-up multiple retroperitoneal and mesenteric lymph nodes.

TECHNICAL DATA: Multidetector helical images through the liver were obtained after administration of oral contrast, and subsequently during arterial and delayed images through the abdomen and pelvis after IV contrast.

FINDINGS:

Comparison is made with earlier studies, the initial exam was obtained on 2/23/04. Lung bases remain clear. The liver, pancreas, gallbladder, and adrenal glands appear normal. The spleen measures approximately 13 centimeters in longitudinal dimension which is mildly elongated. There is no focal renal lesion. No destructive uropathy. The urinary bladder contours are smooth.

There are multiple small retroperitoneal lymph nodes. One of these lymph nodes measures one centimeter in diameter at the iliac bifurcation. This is approximately the same size as measured on 2/23/04. The largest lymph node in the right lower quadrant mesentery measures 9 millimeters which is also the same size as on the earlier study. There are no enlarging lymph nodes. The largest lymph node in the left mesentery measures approximately 6 millimeters in diameter. This has also not changed appreciably since 2/23/04.

A few diverticula are present in the sigmoid colon. No CT evidence of diverticulitis. No free fluid or free air. The appendix is well visualized and appears normal.

IMPRESSION:

1. **STABLE SHOTTY RETROPERITONEAL AND MESENTERIC LYMPH NODES WITHOUT SIGNIFICANT CHANGE FROM 2/23/04.**
2. **FEW SIGMOID COLON DIVERTICULA.**
3. **MILD PROMINENCE OF THE SPLEEN.**

James P Cartland MD

DEMGL:0102

5-110

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

PAGE 2
Patient Name: MCCORNACK DAN E
Date of Exam: 08/10/2004

JPC /gt

This report has been electronically signed by: James P Cartland MD

5-111

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

Patient Name: MCCORNACK DAN E
Jacket # 47134

DOB: 02/15/1963
Home # (805)238-5208

Age: 41
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

08/20/2004: CERVICAL SPINE

CLINICAL HISTORY: Neck pain.

FINDINGS:

There is no evidence of fracture or dislocation. There is straightening of the cervical lordosis which may be due to positioning or spasm. There are small end-plate osteophytes anteriorly at C6 and C7. The neural foramina are patent bilaterally. The odontoid is intact. The prevertebral soft tissues are normal. No evidence of ankylosis.

IMPRESSION:

1. **SMALL END-PLATE OSTEOPHYTES ANTERIORLY AT C6 AND C7.**
2. **STRAIGHTENING OF THE CERVICAL LORDOSIS WHICH MAY BE SECONDARY TO POSITIONING OR SPASM.**
3. **IF SYMPTOMS ARE RADICULAR, THEN FURTHER EVALUATION WITH MR MAY BE HELPFUL.**

Blake Evernden MD
BE /bg

This report has been electronically signed by: Blake Evernden MD

DEMGL:0101

5-112

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

Patient Name: MCCORNACK DAN E
Jacket # 47134

DOB: 02/15/1963
Home # (805)238-5208

Age: 41
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

08/20/2004: LUMBAR SPINE

CLINICAL HISTORY: Back pain. Positive HLA B27.

FINDINGS:

Five views of the lumbar spine were obtained. There is no evidence of fracture or bone lesion. No evidence of spondylolisthesis or spondylolysis. The intervertebral disc space heights are maintained at all levels. Small end plate spurs are present through the lumbar spine. There is no evidence of ankylosis.

Incidentally noted on the frontal view is a rounded calcification of the right lower quadrant which may represent vascular or possible appendiceal calcifications.

IMPRESSION:

1. **MILD DEGENERATIVE CHANGES OF THE LUMBAR SPINE.**
2. **INCIDENTALLY NOTED CALCIFICATIONS RIGHT LOWER QUADRANT WHICH MAY BE VASCULAR OR POSSIBLY APPENDICEAL.**

Blake Evernden MD
BE /bg

This report has been electronically signed by: Blake Evernden MD

DEMGL:0100

TEMPLETON IMAGING Medical Corporation, Inc.
Mailing address: P. O. Box 489, Templeton, CA 93465
262 Posada Lane, Suite C • Templeton, CA 93465 • (805) 434-1491 • Fax (805) 434-3591
1050 Las Tablas Road, Suite 5 (MRI), Templeton, CA 93465 • (805) 434-1882 • Fax (805) 434-3278

Patient Name: MCCORNACK DAN E
Jacket # 6389

DOB: 02/15/1963
Home # (805)238-5208

Age: 41
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

10/12/2004: MRI LUMBAR SPINE

CLINICAL HISTORY: Back pain X2 months. History of ankylosing spondylitis.

TECHNICAL DATA: The patient was imaged utilizing the Siemens 1.5T Symphony MRI scanner. The protocols executed are as follows: T1 SAG/AX TSE T2 SAG/AX

FINDINGS:

The lumbar spine is normally aligned. Vertebral bodies appear intact. Disc space heights are preserved. The conus medullaris ends at L1 and appears normal.

Sagittal images of T11-12 and T12-L1 show no disc protrusion, central canal stenosis or neural foraminal narrowing. The remainder of the lumbar spine is evaluated in both sagittal and axial planes.

L1-2, L2-3: Normal.

L3-4: There is facet joint hypertrophy that does not appear to cause neurologic compromise. There is no disc protrusion or neural foraminal narrowing.

L4-5: There is mild bulge of the L4-5 disc and facet joint hypertrophy. No significant central canal stenosis or neural foraminal narrowing.

L5-S1: There is a right paracentral to lateral disc protrusion extending 6 millimeters dorsally into the spinal canal. This distorts the anterior right thecal sac displacing the budding right S1 nerve root. This disc protrusion and facet joint hypertrophy contribute to cause moderate right neural foraminal narrowing. Facet joint hypertrophy and short pedicles cause mild to moderate neural foraminal narrowing on the left.

Paraspinous soft tissues appear normal.

10/14

IMPRESSION:

1. **LARGE RIGHT PARACENTRAL DISC PROTRUSION AT L5-S1 DISTORTS THE ANTERIOR RIGHT THECAL SAC AND DISPLACES THE BUDDING**

DEMGL:0098

5-124